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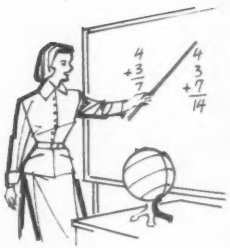

Exceptional Children

CEC Dates

Dec. 26-27, 1960	CEC—Section Q, American Assn. for the Advancement of Science, New York City
Feb. 27, 1961	CEC at American Assn. of School Administrators Regional, San Francisco
Mar. 13, 1961	CEC at American Assn. of School Administrators Regional, St. Louis
Mar. 27, 1961	CEC at American Assn. of School Administrators Regional, Philadelphia
April 4-8, 1961	CEC International Convention, Statler Hotel, Detroit, Michigan
Nov. 1-4, 1961	CEC West Central Fall Regional, Austin, Texas
April 24-28, 1962	CEC International Convention, Deshler Hilton Hotel* and Neil House, Columbus, Ohio

*Convention Headquarters

Other Dates

Dec. 5-6	National Social Welfare Assembly, New York City
Dec. 5-9	American Vocational Association, Biltmore Hotel, Los Angeles
Dec. 28-30	Speech Association of American, Sheraton-Jefferson Hotel, St. Louis, Mo.
1961	
Jan. 2-31	New March of Dimes, The National Foundation
Jan. 8-14	10th International Conference of Social Work, Rome, Italy
Jan. 23-27	18th Annual Reading Institute, Dept. of Psychology, Temple U., Philadelphia, Pa.

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The President's Page

CEC President Jack W. Birch is shown here (seated) Lorraine Briskman, president of the Western Pennsylvania Chapter of CEC, during the recent annual meeting of that group. Standing (left to right) are Dan Moore, vice president of the group; Merle Frampton, director of the House Special Education and Rehabilitation Study, Washington, D.C.; and Alton Kloss, superintendent, Western Pennsylvania School for Blind Children.

Dear Colleagues:
Legislation

Your Council moved forcefully in legislative matters since the Los Angeles convention. At that convention, CEC adopted a forthright policy statement on legislation. The stamp of approval of the Council was scarcely dry until Maurice Fouracre was testifying at a Congressional hearing in Washington, pointing out what CEC favored and found problematical in certain proposed legislation. The Council's point of view on more recently introduced bills has been clearly stated in the pages of our journal and to Congressman.

With Leo Connor, I called on Commissioner Lawrence Derthick and his policy and legislative aides to state CEC's new and active legislative position and to inform the Commissioner that CEC would solicit his help and would help him to find the means to heighten the importance and to enlarge the role of the Office of Education's Section on Exceptional Children and Youth in the national and state educational effort in behalf of exceptional children.

Conferences and informal conversations on legislation have been held with the major special education and health organizations and agencies. Particularly, CEC has applauded the National Rehabilitation Association's recent statement of objectives. Helpful discussions have been conducted with the American Speech and Hearing Association and the three professional organizations in the education of the deaf.

The Executive Committee, acting within the CEC policy statement on legislation approved at the Los Angeles convention, is considering a detailed legislative action program.

Leo Connor, CEC's national legislation chairman, has given intense and continuing effort to CEC in legislative matters. Credit is his for accomplishments and for insistence upon long-range plans. We all owe him gratitude for his energy, devotion, creative thinking, and wisdom.

The Child Buyer

That's the name of a strange and disturbing tale by John Hersey. The central figure of this new novel is a gifted child, and the public school education of gifted children is a recurring theme. There are comments, also, on the education of retarded and other handicapped children. I'd like to know your reactions to it.

Professionalization

In a recent guest editorial, President-elect Leo Cain put the case for professionalization most effectively. The editorial was aptly timed, too, for we are asking ourselves how best to move toward professional goals in our Council, and we are devoting much of the Detroit convention program to that matter.

Many of our members are seeing themselves more and more clearly as educational specialists applying highly professional skills in promoting

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learning in exceptional children. Can we form the strong close bonds among ourselves which professionalization requires? Real professional stature will arrive only when those practicing the profession are so effectively organized that they can present an unyielding common front in promoting and defending the principles upon which the profession stands. Strong organization is basic, for in it resides the power to state and to enforce professional standards. There is a real challenge here for all of us. Should CEC be the major vehicle and the rallying point for professionalization in the education of exceptional children?

Leadership

We all need strength for our daily leadership tasks, large and small. Let us ask God to give us both perception and vigor to see and to do right.

Cordially,
Jack W. Birch

CAN YOU BE IN OR NEAR NEW YORK CITY AT CHRISTMAS?

CEC again joins Section Q of the American Associated for the Advancement of Science in presenting professional meetings, Monday afternoon, December 26 and Tuesday morning, December 27, on the subject of exceptional children. Katherine D. Lynch, director of the Bureau for Children with Retarded Mental Development, New York City Schools, is the chairman.

Roosevelt Hotel

MONDAY—DECEMBER 26, 1960, 2-5 PM

COMPLEX CLINICAL EVALUATION IS NECESSARY

ETIOLOGICAL AND DIAGNOSTIC ASPECTS OF THE RETARDED CHILD

PSEUDORETARDATION—CLINICAL IMPLICATIONS

MULTIPLY HANDICAPPED CHILDREN, THE HYPERACTIVE

THREE "R'S IN CLINICAL EVALUATION: RECOGNITION, REFINEMENT, AND REMEDY

TUESDAY—DECEMBER 27, 1960, 9 AM - 12 M

PROBLEMS AND RESEARCH IN SPECIAL EDUCATION

PROBLEMS, TRENDS, AND PROBLEMS IN SPECIAL EDUCATION

RESEARCH IN SPECIAL EDUCATION IN THE UNITED STATES

THE EFFECT OF GROUP TRAINING OF FOUR- AND FIVE-YEAR-OLD CHILDREN WHO ARE MENTALLY RETARDED (PROGRESS REPORT)

It has become an annual event for CEC to cosponsor and plan these meetings, for AAAS. Both the profession and the press have received them with considerable praise. If it is possible for you to be present, you will enjoy attending this year's offerings.

Attention CEC College Personnel:

Are you interested in teacher education and research relating to exceptional children?

AFFILIATE WITH

The Division on Teacher Education of the Council for Exceptional Children

$1. per year

The Division welcomes into membership all college personnel interested in teacher education and research relating to exceptional children. The annual meeting of the Division is held at the Spring Conference of CEC.

For information on membership, write to Mary Krider, Brigham Young University, Provo, Utah

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The Value of A PRESCHOOL TREATMENT PROGRAM

for severely crippled children

WILLIAM M. DIEDRICH BARBARA ALLENDER MARGARET C. BYRNE

Problem

THE purpose of this study was to evaluate the effects of preschool training on a group of children who, for the most part, were brain injured, mentally retarded, and physically handicapped. In an attempt to evaluate the effectiveness of preschool treatment services (physical, occupational, speech therapy and nursery experience) for multihandicapped children, a sample of such children was selected from the Crippled Children's Nursery School in Kansas City, Missouri. They were compared with a similar sample of children who had no treatment.

Procedures

Since it would be impossible to "match" for each disability and actually not statistically desirable, a group of children who had experienced 12 months of training was randomly designated as the experimental group. The children in the experimental group were evaluated at the end of the sixth and 12th months of training in the areas of upper and lower extremity development, receptive and expressive language, and personal-social development. Children who were in the same chronological age range as the treated group, but who had entered the nursery school program a year later, were randomly chosen to represent the non-treated group. The results of the initial evaluation done on the non-treated group were then compared with the results of the retesting which had been done at the end of one year of training with the treated group.

The physical therapist and occupational therapist evaluated motor development of the lower and upper extremities. The tests used are those that have been devised by the District of Columbia Department of Public Health for cerebral palsy evaluation (7). The items are grouped into different levels of monthly development beginning at three months and ending at 72 months.

The speech and language testing attempted to evaluate both receptive and expressive language, using the Allender-Hood Language Scale (1). The items which deal with receptive and expressive language behavior were taken from an array of developmental scales (e.g., McCarthy, Gesell, Cattell, etc.). The items are grouped into developmental levels from one month to 60 months. Hearing was screened with an audiometer at 500 and 4000 cycles per second. If children could not be conditioned, free-field testing was done with noise makers and whispered speech. All children who had questionable hearing acuity were referred to other centers for a complete audiological workup.

The nursery school teacher rated the children in personal-social behavior on items taken from Gesell (2). There are eight areas evaluated which include eating, sleeping, dressing, communication, elimination, play activities, aesthetic behavior, and developmental detachment. Again, the items are arranged on a developmental continuum from 15 months to 60 months.

For the psychological examination the Cattell,

• WILLIAM M. DIEDRICH is assistant professor in the Hearing and Speech Department, Kansas University Medical Center, Kansas City, Kansas. • BARBARA ALLENDER is speech and hearing therapist at the Crippled Children's Nursery School in Kansas City, Missouri. • MARGARET C. BYRNE is director, Speech and Hearing Clinic, Kansas University, Lawrence, Kansas.

This is a revision of a paper presented at the Los Angeles convention of The Council of Exceptional Children on April 22, 1960.

The authors wish to express their appreciation to Mary Hippman, director, Crippled Children's Nursery School, for her cooperation in allowing us to use her files, and to Dr. Harris Winitz for treatment of data.

Table 1. Description of 15 Children in The Experimental Sample

Medical Diagnosis	*CA*	*MA**	*Handedness*	*Braces*	*Hearing#*	*Vision*	*Medication*
1. Post encephalitis	55	B33	R				
2. Mongoloid	45	C18	M			Impaired	
3. Left hemiplegia	41	B33	R	Short leg			Atarax
4. Left hemiplegia	52	B42	R				
5. Spastic quad	57	C12	R	Full control			Dilantin Gemonil
6. Brain injury	41	C24	R				
7. Cerebral palsy	71	C26	L				
8. Mongoloid	60	C27	R		45 db conduc.		
9. Mild athetoid	59	C 6	M			Coloboma	
10. Cleft palate, Club feet Chondrodysplasia	37	C22	L	Short leg	55 db conduc.		
11. Congenital absence of cerebellum	40	B41	R				Phenobarb
12. Mild spastic quad	38	B28	R				
13. Epilepsy	52	C24	R				Dilantin Phenobarb
14. Cerebral palsy	27	C 7	L				
15. Spastic cerebral palsy	45	C 2	M			Partial blindness	Equanil

**Binet (B), Cattell (C) and Leiter (L) expressed in months.*
#Speech range

Binet, or Leiter was utilized depending upon the abilities of the child.

Subjects

Fifteen children ranging in age from 27 to 71 months (mean of 60.2 months) who had completed 12 months of training represented the treated group. Sixteen children whose ages ranged from 21-81 months (mean of 56.7 months) composed the non-treated group. The mean chronological ages of the two groups were no more than 3½ months apart. The treated and non-treated groups were then compared in the five areas tested.

The term "cerebral palsy" has been most frequently used to describe this group of children, but as a diagnostic label we wish to emphasize it is meaningless (6). In the treated group there were 12 known brain-injured children, two mongoloids, and one chondrodysplasia. Their mental ages ranged from two months to 42 months. In the non-treated group, nine children were diagnosed brain injured, one as mongoloid, one deaf, one motor aphasic, two articulation problems, one mentally retarded and one who had cystic fibrosis. Their mental ages ranged from four months to 54 months. All the children except one with an articulation problem had some kind of orthopedic handicap (Tables 1 and 2).

Results

The results of the tests on the tested group who were examined after six months of training and then again six months later are presented in Table 3. In every area tested (lower extremity, upper extremity, receptive and expressive language, and personal-social development) improvement was noted, *i.e.*, the direction of the change was positive in all cases.

When the treated group was compared with the non-treated group, the treated group was superior in performance in four out of the five areas tested (Table 4). Only in lower extremity development was the non-treated group better. The direction of change (four out of five) is 80 percent in favor of the treated group and therefore, is considered greater than chance.

No statistical significance tests were utilized to evaluate these differences further since it is doubtful that the selection of the groups could reasonably be replicated. That is, the children represented in this particular program are a unique sample and generalizations to other groups would be questionable.

Table 2. Description of the 16 Children In The Control Sample

Medical Diagnosis	CA	MA*	Handedness	Braces	Hearing#	Vision	Medication
1. Motor aphasia Congenital Nystagmus	69	B36	R			Impaired	
2. Club foot, Artic. problem	49	B54	R	Foot			
3. Cerebral palsy	69	C 4	M			Impaired	
4. Cerebral palsy	21	C 9	M				
5. Deafness	63	L32	M		70 db Perceptive		
6. Mongoloid	82	B24	M				
7. Probable athetoid	42	C18	L				
8. Athetoid with Convulsive disorder	47	C21	R			Questioned	Donnatal Phenobarb
9. Cerebral palsy and deaf	69	C12	M		No threshold		
10. Articulation	51	B46	R				
11. Mental retardation due to birth injury	50	C10	M				
12. Athetoid	53	B41	R				
13. Mentally retarded	81	B34	R				
14. Mixed spastic and athetoid	53	B33	R	Full control		Some optic atrophy	Thorazine Antibiotics
15. Cystic fibrosis	70	B47	R				
16. Right hemiplegia	48	C26	L				

*Binet (B), Cattell (C) and Leiter (L) expressed in months.
#Speech range

Discussion

There are few documentary studies available to answer the question of whether preschool experiences are of value for handicapped children. In the field of deaf education, Lane (4), found that those deaf children who had entered preschool before the age of five had higher educational achievement when leaving school than did those children who had entered after the age of five.

Kirk and his co-workers (3) have probably done the most thorough job of evaluating early preschool training with educable mentally retarded children. He showed that the overall effects of preschool education in the development of young mentally retarded children were positive. By case studies and objective test results the children who had preschool training were better than the controls.

Ideally, one would like to choose an experimental group, test them at the beginning and at the end of the training period. Two different but similar tests would be used to avoid any practice effect. Lane and MacPherson (5) have shown the amount of learning that takes place on test re-test data with deaf children. Since most of the children evaluated in this present study were quite retarded we are assuming that the practice effect may be discounted.

In this study the same persons in each of the five areas did the pre-treatment testing, therapy, and post-treatment testing which also lends itself to bias. However, none of the personnel knew this

Table 3. Means and standard deviations in months for 15 children in the experimental group at the initial evaluation and after six (6) and twelve (12) months of treatment

Treatment Period	Chronological Age		Mental Age		IQ		Lower Extremity		Upper Extremity		Language Recep.		Language Expr.		Personal Social	
	$\bar{X}$	S.D.	$\bar{X}$	S.D.	$\bar{X}$	S.D.	$\bar{X}$	S.D.	$\bar{X}$	S.D.	$\bar{X}$	S.D.	$\bar{X}$	S.D.	$\bar{X}$	S.D.
Initial	48.0	10.9	23.0	11.7	49.7	27.3	18.2	11.1	21.6	11.4	21.5	10.2	16.8	9.2	21.8	11.4
6 months	54.3	10.8					22.0	13.1	27.7	14.9	26.2	13.3	20.6	13.3	26.2	11.5
12 months	60.2	10.8					24.1	14.3	30.9	15.5	30.0	16.3	23.1	15.8	29.9	13.7

Table 4. MEANS AND STANDARD DEVIATIONS IN MONTHS FOR COMPARING 15 CHILDREN (EXPERIMENTAL) WHO HAD 12 MONTHS OF TREATMENT WITH 16 CHILDREN (CONTROL) WHO HAD NO TREATMENT

	Chronological Age		*Lower Extremity*		*Upper Extremity*		*Language*				*Personal Social*	
							Receptive		*Expressive*			
	$\bar{X}$	S.D.	$\bar{X}$	S.D.	$\bar{X}$	S.D.	$\bar{X}$	S.D.	$\bar{X}$	S.D.	$\bar{X}$	S.D.
Experimental (treatment)	60.2	10.8	24.1	14.3	30.9	15.5	30.0	16.3	23.1	15.8	29.9	13.7
Control (No treatment)	56.7	14.3	26.3	14.7	27.0	16.2	24.3	18.4	14.8	10.1	28.3	15.2

study was going to take place because children were selected on whom data had already been collected.

There is a great deal of overlap of the test items used in evaluating the mental age (especially when using the Cattell), upper extremity, and personal-social behavior. Since these areas are not mutually discrete the scores found in this study are similar.

It is of interest to note that the gain made by the treatment group over the non-treated group in personal-social behavior was only two months. Since each child in the treated group spent part of his day in the nursery school where he had self-help experiences and activities of daily living (such as eating and toileting), it was anticipated that the treated group would have shown more improvement in personal-social development. However, the children in the experimental group were approximately three-and-one-half months older than those in the control group; therefore, part of the differences in personal-social development may be attributed to maturation. Actually, the multiple social contacts both on a peer and on an adult level seemed to be most conducive for stimulating growth in speech and language. The treated group was six months advanced in receptive language and eight months in expressive language over the non-treated group. These differences take on some importance since the mean mental ages were approximately at the 30-month level.

Other benefits that may accrue from a preschool training program are much more subtle and not easily quantified—namely, the counseling of the parents and the changes in their self concepts as well as in their behavior toward their children. The changes in parental modes of behavior (level of anxiety, lessening of guilt feelings, *etc.*), are often more important than what happens to the child per se. All too frequently severely handicapped children can make but limited gains in development and for these cases the parental adjustments achieved through counseling are of prime importance. Structuring the parents for long-term goals, *e.g.*, institutionalization, frequently results in allaying futile aspirations of parents who otherwise might have spent many hours and dollars on hopeless "training."

In addition, the preschool program can be used as a screening facility (8) for those educably retarded children who will profit from receiving further special education.

Summary

The purpose of this investigation was to evaluate whether changes occur in severely crippled children as a result of preschool treatment. Most of these children were brain damaged, limited mentally, and physically handicapped. Fifteen children were randomly selected who had completed twelve months of training in a crippled children's nursery school where physical, occupational, and speech therapy were incorporated in a nursery school for a total treatment program. At the end of the sixth and 12th month of training routine re-evaluations were given in the development of lower extremity, upper extremity, receptive and expressive language, and personal-social areas. Improvement was noted in all instances. The question is were these gains maturational or due to the treatment program?

The treatment group was then compared with sixteen randomly selected, severely handicapped, children who were in the same age range and who had no treatment. In four out of five areas evaluated (upper extremity, receptive and expressive language, and personal-social behavior) the treated group had better scores. The direction of improvement was better than chance expectancy.

Because the particular sample of crippled children selected would be difficult to replicate, the findings of this study must be restricted to this group. This would suggest a need for further selec-

(Continued on page 195)

HOW emotionally disturbed children VIEW THE SCHOOL

C. E. SCHORER

THE purpose of this paper is to show the picture of school and teacher as it is seen by emotionally disturbed children interviewed by a psychiatrist. The data came from one-hour diagnostic interviews with 52 children. They ranged in age from five to 14 years; they included all diagnostic categories applicable to child psychiatry; and, whether spontaneously or upon inquiry, *school* almost invariably was discussed and the comments recorded in my notes of the interview. Since 46 of these 52 children made such comments, school life appears to be a subject of easier verbalization than I sometimes find the subjects of friends or family. This idea is supported by the relatively large proportion of time they were able to devote to discussing their school life—on the average at least 10 minutes out of the hour.

One is struck, in this investigation, by the remarkable contrast between the child's view of the teacher as simply an impersonal censor, and the many functions which the teacher actually assumes in referring the child to the doctor, informing the doctor, and treating the child's disorder. This gives rise to the question of whether or not the child's account of his difficulties varies with the person to whom he is talking. It has been suggested that children may not give the psychiatrist *or* the teacher a true account of their real feelings or attitudes about school and teachers. As if to support this contention, teachers seem to misjudge how emotionally disturbed children depict their school life. In presenting these findings to a convention of teachers, I first took a poll of the audience in order to discover what results they would expect. The audience correctly estimated that emotionally disturbed children feel mixed pleasure and displeasure about school, but placed much too great an emphasis on the teacher as a topic such children discuss, and similarly anticipated too strongly the attitude that teachers blame children for the faults of others. Perhaps the picture is, in fact, not a stable one, but varies with the person to whom these children are talking.

• C. E. SCHORER, M.D., is associated with the Lafayette Clinic, a psychiatric research and training institution, and the Wayne State University College of Medicine in Detroit, Michigan.

The Child Views the Teacher

It is most revealing to learn what these children said and how they said it. The content of their comments may be represented in tabular form by listing the topics in order of frequency, together with the number of times the topic was discussed.

Table 1. CONTENT OF COMMENTS ON SCHOOL IN ORDER OF FREQUENCY OF MENTION

Behavior difficulty	47
Academic failure	35
Academic success	35
Family	28
Teacher	27
Feeling about school	18

Illustrations of these topics include the following. "I bother the others" illustrates the first topic. "I have trouble in handwriting," exemplifies academic failure; and "Last year I was doing fine studying the violin," shows success. "I got a whipping from my mother for my report card," introduces the family into the area of school. "The teacher puts hard work on the board," brings in the teacher. "I get nervous in school," is one boy's comment about his feelings.

While this list is only a crude attempt to classify and quantify, it shows at once that the teacher has a definite place in the child patient's picture of the school, but a less frequent place than one might expect. More detail about this topic will be given in the pages that follow. First, however, let us

consider what feelings about school these children express, directly or indirectly, in their psychiatric examinations.

Table 2. FEELINGS ABOUT SCHOOL

Pleasure and displeasure	12
Dislike	10
Fearful dislike	9
Guilty failure	8
Neutral	4
Pleasure	3

These categories are loose and self-explanatory. The remarkable feature is that most commonly these children report some pleasure, some pride in achievement, and some enjoyment, mixed with displeasure. Yet all except one had a serious school problem. It is probably more to one's expectation that a large number, 39, expressed some dislike, but only 10 reported pure dislike without an admixture of pleasure, fear, or guilt.

Finally, we come to the feelings these patients have about their teachers.

Table 3. FEELINGS ABOUT TEACHERS

Teacher doesn't understand, it's *her* fault	12
Teacher does understand, and helps	5
The trouble is my fault, but teacher is no help	4
Teacher blames me for another student's fault	3
I like teacher	2
Neutral	2

In scanning these comments it is interesting to note how few children identified their teacher by name; seldom did they distinguish them as "he" or "she" but more commonly as "the teacher;" and only two described what might be considered sketchy personal characteristics of their teachers. One child said her teacher is pretty; the other, who liked his English teacher, said, "He's a funny guy; he's my counselor." Although these patients remarkably failed to see and report about their teachers as individuals, they occasionally did recognize teachers as helpers for studies or for behavior problems, and even as personal models for a future career. A shy, ten-year-old girl, who had no use for the idea of getting married some day and having children, suggested that her ambition was "to be a nurse or a teacher and take care of sick people or children."

The Teacher As Censor

Usually, however, these children picture the teacher merely as someone to define their wrong behavior, but not their success, and to follow this with reprimand, exclusion, or other punishment. The teacher is reduced, by this representation, to a censor of bad behavior, and is not depicted as someone who imparts skill in learning and living with others. Furthermore, these children seem to be blind to the importance of the relationship between themselves and the teacher; instead, they give stress to the relationship they have with other children, or to their work in an impersonal sense. It is as if the teacher irrationally imposes rules, as if the teacher intrudes with standards felt to be foreign while the child is busy with others, or with his own activity, and says, "You are misbehaving."

As one might suppose, children who are patients commonly color this picture with the resentful "It's not fair," or the falsifying "I didn't do it." But it is surprising to discover that they most commonly rationalize without guilt by explanatory maneuvers such as saying that they were angry, or reacting to what someone else did, or just letting themselves go. In short, they see school as a sequence of understandable acts by themselves eventually opposed by the forbidding and uncomprehending teacher. A paraphrase of this attitude might be: "The teacher doesn't understand; she just says I'm bad."

Two variants of this usual picture may be briefly mentioned. One is already familiar to the reader: the child appears overtly antagonistic to the teacher for moralizing and punishing but is basically antagonistic to a parent and displaces this antagonism on to the teacher. Or the child may present a picture of himself and the teacher mutually defeating each other. A ten-year old boy, for example, was referred by the school when he spoke of killing himself, and explained: "I was absent, and didn't take the study words home, and when I didn't know how to do the words, the teacher hit me. Then when I walked out of the room, she tried to make me come back. I told her I'd kill myself . . . Why? 'Cause I didn't like her. I thought it would worry her."

From these comments, therefore, it is inferred that emotionally disturbed children portray teachers as opposing, limiting adults, and regard themselves as the victims of control without understanding

why such control is imposed on them. They seem unable to verbalize the picture of a constructive, affectionate relationship with the teachers—a relationship where teachers affectionately help children with subjects and behavior, and where pupils respond with affection by mastering the subjects and their behavior. This deficiency (as it seems to me) certainly prompts speculation. Perhaps their own internal troubles prevent them from conceiving of, or even recognizing such a relationship when it exists. Or, one wonders, could it be that some teachers, the teachers of *these* children, do give most of their energy and attention to limit-setting? Or could this picture reflect the influence of mother and father on the day of the diagnostic interview? Perhaps the parents explained to the child, "We're taking you because the teacher said you are bad." Or, finally, could this be a product of my method of interviewing?

One more intriguing point. A large number of children are able to speak of academic success without the least reference to the teacher. Again, one is prompted to wonder if this results from some unusual emphasis by the teacher, or if the teacher fails to indicate to the pupil that they both contribute to his mastery of a subject. Perhaps such a teacher over-credits the pupil by conveying the attitude, "You alone mastered arithmetic. I had nothing to do with that. But when you are bad, I alone can tell." Another likelihood is that these children learn to compartmentalize success and failure: success in studies is their sole achievement, compensating for failure in behavior as defined by the teacher.

In summary, then, the child-patient commonly speaks of misbehavior in school, or of his academic work, and often refers to the teacher in a depersonalized way as merely someone who "blames" him.

The Teacher As Referral Source

The psychiatric procedure permits a different and direct view of the teacher to develop—as a referral source, as a source of information, and as a therapist. Twenty of these 52 patients were referred by a teacher—about 40 percent. In one of the clinics where these children are examined, the school usually refers about one-half the patients, and is the party most commonly interested in the child's getting help—commoner than the family doctor, the minister, or the unaided parents. As a source of information, the teacher has unsurpassed value, since he can give a more reliable and objective report of the child, without moral tones and distortions, than can the parents or even the social worker. The teacher sometimes continues the contact with the therapist after the initial examination; I receive calls from several teachers to discuss and inquire about children originally seen by me. And the teacher may have great supportive value for parents whose children are under treatment. The mother of a child I was treating came in beaming one day, and explained by saying that her son was getting along better in school. She knew this from the teacher. No, she hadn't talked with the teacher, but on leaving her son at school she saw the teacher from afar, who signalled with her hand that all was perfect. A very small sign of support from a teacher may produce an enormous effect in the course of treatment.

From the reports made by teachers on many of these emotionally disturbed children, one has the opportunity to gain an understanding of the degree to which the teacher fathoms the children and their situation. Some teachers, in their reports, stress primarily intellectual failure. Consider AC, a pretty, shy, eight-year-old girl with blonde curls to her shoulder, her eyes fearfully averted. In spite of her timidity, she was able to say these things about school (condensed, for typographical simplicity, as if they were made consecutively without digressions): "I'm here because I'm afraid in school. My teacher is pretty. I like spelling best, arithmetic least. At home I play house and play school. We have a blackboard and I hope to get a nun's costume. I'm afraid about failing—about staying in the same grade, because then everyone would be ahead of me. When I grow up I want to be a nun and teach girls. My sisters are getting along better in school than me. My trouble is I am not so smart as average." The teacher of AC sent me a report as follows: "AC's achievement in major subjects has been retarded. There seems to be a block between the knowledge in her mind and the actual putting it on paper. At times her work improved but on the whole it has been very poor. AC can tell me orally what she knows. But the same thing she can tell me orally she cannot put on paper. AC is a very good child. She is not

in the least a behavior problem. However, she tends to daydream quite often. AC does her work but shows very little interest. As I stated before, orally AC can do the work. But she *cannot* put the same thing on paper." Here the teacher, like the child, gets stuck on one point, rather narrowly concentrating on the academic problem. True, she unwittingly supplied us with even more important data—about her "goodness," her day-dreaming, and her apathy.

Another teacher many stress family problems rather than academic difficulties. Consider GM, a sober, squirming, ten-year-old Hindu boy whose 65-year-old father had just died, leaving him alone with his 33-year-old mother. Of the school, he said, "I stay out late and don't get homework done. I'm best in English, and get 'B's and 'A's. I'm very slow in arithmetic, and never get to copy. Maybe that's because the class is cluttered up—everybody around me is talking. But I work very fast when I'm at home." This boy's mother attributed much of the difficulty to the teacher. "Before, he had Hitler type of teacher, who struck the children. He couldn't get along with him. He is better if built up by a concerned teacher. He had a very concerned teacher for arithmetic and so was never a behavior problem because the teacher was so concerned." In a phone conversation, this boy's teacher said, "The mother makes more of a to-do over the loss of the father than he does. She's striving for the unusual and the exceptional. He's perfectly normal but given too much indulgence. He tries to shock the mother. He was tardy almost daily. The mother is over concerned and needs help herself. He has her buffaloed. She has very high ambition herself for him." Now here it was a struggle to get more information from the teacher about the *child;* one can see how the teacher reports primarily on the mother and her way of handling her son. This illustrates how the teacher and the mother may, perhaps without knowing it, be engaged in a feud. Rather than a purely academic person, the teacher in this instance appears as a person very much alert to, if not actually involved in, the personal power struggle between the child and the parent.

Usually, however, the teacher in reporting shows an interest in *many* aspects of the child in addition to his academic defects, and his home handling. The teacher ordinarily gives attention to the child's personal feelings, his attitudes, his probable needs and motives. An illustration is MB, an 11-year-old Negro boy referred as "the most socially maladjusted child in the school." This boy fluently detailed his school life as follows: "In school I fool around. In gym, I'm playing and talking with a boy friend. I wrote down something not nice—a bad word to a girl. They almost suspended me. I did it just to get even with the girl. She'd said I liked her. I said, no, you like Ronnie Wells. I got back at her for hitting me by writing this note." At this point the boy painstakingly drew a human figure for me—a rather puny, several times revised boy, and made up this story about the boy: "He's a boy about 10, a good boy, on his way to school; he starts playing around, the teacher catches him and makes him sit in a corner. Later he squirts ink at the girl. The teacher sent him down to the office. He did it just for the fun of it; he just gets in trouble." Then MB drew a picture of a girl, and gave another narrative about this. "She might be on her way home or to the library. She goes in, sees her friends, makes noise, and the librarian tells her to be quiet. For a little while she is, then again starts. The librarian says, 'I'll give you one last warning.' She gets her books, and is ready to leave. Before she can check the books out, the librarian says, 'Get out.' She tells her mother, and she says, 'You go right back down and apologize.'" Now *this* patient's mother, when interviewed later, could not believe that there was any problem in school. The principal, on the other hand, sent an elaborate report, in which I found this interesting remark: "MB's only interest was in reading library books. He had an intense interest in this, to the exclusion of any other possible interests." In addition, the boy's conference teacher sent around a circular letter to all the teachers, amounting to six pages, from which a few comments will be revealing: "After talking to MB and receiving promise of good behavior and more work—he promptly was in a crayon fight and causing commotion." "Continually causing trouble. Finally was sent to conference teacher with a filthy note." "I feel he must be handled with an iron hand until he feels that he is a part of the group—not one who is overlooked. Most of his trouble, I feel, stems from a broken home—no father in

the home." And from the librarian: "MB is average in library; interested in reading when unable to do otherwise because he sits where I have direct supervision over his activities. I don't let him stray out of watch since he is not capable of self-direction in the library." Here the teacher emerges as a person frustrated after many, many tries, eager to help inform me, and able to recognize this boy's innocent- looking asocial behavior. In summary, from my direct contact, I conclude that the teacher may prove to be nearly everything that the emotionally disturbed child omits from his picture—someone who tries to understand and to give help. Certainly I should like to emphasize that whether the teacher's report shows the teacher's interest in the academic progress, in the mother-child tussle, or in the child's intentions and reactions, it adds a great deal to the psychiatrist's understanding.

Assuming that these findings are valid, it is hard to know exactly how to use them because of lack of comparable data. A comparison with normals must depend on questionnaires, such as are described by Fleege, Jersild, and Zulliger, rather than on psychiatric interviews, and the method of questionnaires *per se* seems likely to produce different results. Those results which are reported for normals suggest that disturbed children differ by substituting behavior difficulty for academic achievement as their main concern, and correspond to the normals in their mixed feelings about schol and in their attitude that teachers don't understand children.

A comparison with other groups of emotionally disturbed children is impossible because only individual cases, analyzed to show the transfer of feelings from home to school are reported. While such individual analyses might allow us to infer and generalize an explanation for the common attitude that teachers don't understand children, a larger number of emotionally disturbed children need to be surveyed in order to demonstrate whether these findings occur generally, with all examiners, or are more specifically related to one examiner, one school system, and one population center. Another study might explore the variations in the picture of the school given by different diagnostic groups and at different ages. The alterations of the picture during outpatient or residential treatment would be of interest. At the present time, the least one can do is to offer some feedback to teachers who, after all are real individuals and who, if for no other reason than personal curiosity, wish to know how they are pictured by their emotionally disturbed pupils.

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A PRESCHOOL TREATMENT PROGRAM

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tion criteria and randomization of subjects from the defined population. Improved methods of testing were also suggested to avoid bias and contamination of test scores.

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Administrative responsibility in

PROGRAMS FOR "TRAINABLE" MENTALLY RETARDED CHILDREN

JOSEPHINE P. SANDERS

DO WE as educators realize the responsibility we assume in selecting pupils for classes for "trainable" mentally retarded children? This question is asked as the result of a study made of administrative problems in instituting educational programs for the severely retarded.

The history of educational programs for the mentally retarded shows that many attempts to educate this group have failed, resulting in the programs being converted to custodial care, or being discontinued altogether. In the past decade a new surge of interest in the education of such children has developed in the public schools. These newly formed programs must accomplish the purpose for which they are designed, or they will again be judged futile and, once more, these children will be denied educational opportunities.

Definition

The terms "trainable" and "severely mentally retarded" are used interchangeably in this article and refer to children whose intellectual potential is about one-half or less of normal and whose mental retardation is irreversible, but who may benefit from training designed to further personal and social development and economic usefulness.

Careful Selection of Pupils

The administration of these classes, particularly in small school districts, is often the direct responsibility of the chief school executive. Ultimate success will be due largely to his understanding of the unique problems regarding education for these children and his efforts to provide policies that will cope with these problems. There are many critical aspects of the administrator's responsibility for these classes, but one of the most basic is the selection of children to be enrolled.

Careful selection of these children is vital for a number of reasons. First is the fact that selection includes the preliminary identification of the children who need this program. Second, the instructional content of the program can be devised only after the children have been selected. A third reason is the factor cited above of the need for the program to accomplish the purpose for which it is intended.

Hill (1) warns in the *Forward Look*, that well conceived, special education services have frequently ". . . broken down and been discarded because the special classes have become the recipients of children who were personally undesirable to their teachers rather than pupils with specific needs and for whom the services were designed." (p. 23)

I. Ignacy Goldberg (2) while visiting classes throughout the country as educational consultant for the National Association of Retarded Children, found that many public school classes for these children were "catch-alls" for various types of deviant pupils for whom no other educational services were available.

A fourth reason for careful selection is that more than half of the states have laws, or regulations, pertaining to the provision of educational programs for "trainable" mentally retarded children. In most of these, state funds are allocated for at least partial reimbursement for the excess cost of these programs. States making such allocations frequently specify the limited group for whom the program is intended. Also, federal legislation has provided funds for research and experimentation in this area. The intent of these laws must be observed if we are to make the most of the current effort to educate this long-neglected segment of our school population.

A fifth reason takes into consideration the wel-

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fare of children who might be erroneously classified and, as a result, might have their potential for intellectual development overlooked, or who might experience detrimental treatment due to the stigma of being categorized as "trainable."

Problems Regarding Selection

In the interest of long-term progress of educational programs for severely retarded children, a study was made of major problems that have caused difficulty to school administrators in setting up such programs (3). This study throws some light on conditions in local public school districts regarding selection of pupils for these classes. Data for the study were obtained through a questionnaire sent to 490 school districts having classes for "trainable" children. The 403 responses indicate wide interest among administrators in this new area of education.

Some of the most significant findings of the study were derived from a series of questions which asked about the identification and classification of children as severely mentally retarded. Answers to these questions indicate that the administration of these programs, particularly in small school districts, is still in a stage of trial and error.

These indications come from:

1. An expression of dissatisfaction with the results of local attempts to take a census of mentally retarded children;
2. The difficulty experienced by some local districts in obtaining the services of a psychologist;
3. The lack of agreement on the criteria to be used in identification;
4. Confusion concerning who should be held responsible for classifying these children;
5. The wide range of intelligence quotients accepted in many programs;
6. The fact that considerably more than half of the districts had a school population smaller than that estimated to contain enough "trainable" children to make up a class.

Criteria for Selection

While the results of a psychological examination ranked highest as a means of determining severe mental retardation, still not all districts used this as a basis of classification. Furthermore, the type of examination given could seriously be questioned since only 51 percent of the districts indicated they relied on a "psychological examiner" to make the classification, while 42 percent indicated they relied on the school administrator to perform this function.

Areas of Difficulty	Percent of Districts Having Difficulty
Taking a census of mentally retarded children	39%
Obtaining the services of a psychologist	35%
Establishing a criteria for severe mental retardation	35%
Determining who should be responsible for classification	22%

Comments accompanying the answers to the question on who was responsible in actual practice for classifying a child as "severely mentally retarded" indicate that some administrators are confusing responsibility for classification with responsibility for determining the child's eligibility for admission to a class. The following comments from respondents illustrate this confusion:

> A committee acts as a recommendation group to the school.
>
> Final decision rests with the administrator.
>
> The school uses the data obtained by the medical and psychological (examiners).

These comments appear to refer to the function of admission, while the question referred to the function of classification. Many respondents failed to make this distinction.

Another finding was that children with a wide range of intelligence quotients were being accepted in these special classes. Almost one-quarter of the districts that answered this question accepted children whose IQ scores were 60 or over, in spite of the fact that most state regulations designating the IQ range for "trainable" children cite the score of 50 as the upper level of this category.

An IQ score by itself is not adequate evidence of severe mental retardation and there is no magic in the number 50 as a cut-off point between "trainable" and "educable" ability. On the other hand, while a child may conceivably score *lower*, he cannot consistently score *higher* than his potential ability permits. Hence an IQ score well above 50 would be a strong factor in suspecting that the

child did not belong in the "trainable" category.

A further finding of significance to the selection of children for special classes was the number of pupils enrolled per unit of school population. In the New York (4) report of severely retarded children in that state it was predicted that ". . . a community of 10,000 children in the age range of 7-18 might expect to enroll 8 to 12 children in special classes for trainable mentally retarded." (p. 26.)

Of the respondents answering the question on the size of their school populations, 31 percent stated their districts contained less than 5000 children; an additional 28 percent indicated their school populations to be over 5000 but less than 10,000. Only 41 percent of the districts had school populations of 10,000 or over.

Relation of IQ Range to Size of School District

In the light of the above findings the question arose as to whether there was any relationship between the wide IQ range accepted in some programs and the size of the school district.

Three hundred and forty districts answered the questions on school population and the IQ range of pupils admitted to these classes. Of these districts it was found that 79, or almost one-quarter, accepted children with IQ scores of 60 or higher—some much higher. Of the districts that accepted pupils with scores of 60 or higher, only 28 percent had school populations of 10,000 or over!

The above findings show that many districts, supposedly too small to have enough "trainable" children to make up a class, nevertheless do have such classes. There would be no criticism of this if it were not also clear that they enroll in these classes pupils whose IQ scores are as high as the "educable." That is, many of these programs include children whose disability is *other than severe mental retardation.*

Acceptance of "Trainable" Children in Public Schools

The foregoing facts, along with the evidence that some administrators fail to distinguish between the functions of "classifying" a child and admitting him to a public school program, prompted the opening question of whether we as educators fully realize the responsibility we have assumed in instituting educational programs for these children.

The traditional interpretation of education as academic learning may be one reason for this failure to give fullest consideration to this new program. Since the beginning of public education in the United States, schools have tended to refuse admittance to pupils who were unable to profit from the academic program. Even today some educators question whether it is the responsibility of the public schools to accept "trainable" mentally retarded children.

However, not all are of this viewpoint. Ray Graham (5) contends that it will not be possible to determine this point until a "sincere effort" has been made on the part of an "adequate staff in an appropriate program;" that is, after the program has been given a fair trial involving years of experimentation and research.

Knowledge about the learning ability of these children has been meager and often controversial. It is only in the last decade that widespread research and experimentation have been conducted in the field of mental deficiency. Public schools now realize that—in a program designed to meet their needs—these children can learn many social and economic skills that help them to be more self-sufficient as adults. The present trend is to increase the number of such classes. However, there is still the problem of identifying the pupils who need this type of program.

Need for a Selection Policy

From the school administrator's point of view there are various considerations in assigning a child to this special program. One is the practical realization that diagnosing the potential of a mentally retarded child is a long and often uncertain process. In the meantime the child should not miss educational opportunity but should be placed in a class that will offer the best available program for him.

In actual practice it is often difficult, if not impossible, to distinguish a child whose mental retardation could be alleviated from the child whose mental disability is irreversible. The mentally deficient child may also be emotionally disturbed; the emotionally disturbed child may be maladjusted to the point of no return.

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DIAGNOSTIC REFERRAL RATES for exceptional children

JOHN W. KIDD

IN SPITE of all that the theoreticians, academicians, and clinicians know and have said about learning problems, there is a dearth of evidence as to which children are actually referred by schools to a diagnostic agency.

In pursuit of this inquiry, records have been examined and reported here which reveal the diagnostic findings concerning1033 such children referred, over slightly more than a three-year span of time to the diagnostic center at Northwestern State College, Natchitoches, Louisiana.

Each of the nine state colleges in Louisiana operates a Special Education (diagnostic) Center. These centers are made possible by the cooperation of the respective college administrations, the officials of nearby public school systems, and the Louisiana State Department of Education. The latter, under authority of the State Board of Education, allocates funds appropriated by the legislature for the education, including diagnosis, of exceptional children. The records of cases referred and diagnostic findings of one center are quite similar to those of another in that: (a) all referrals must be made by the participating public school systems; (b) diagnostic staffs are essentially parallel consisting of psychologists, social workers, speech and hearing consultants, and educational consultants; and (c) all diagnostic work of the center is coordinated at the state level.

It is to be noted that most referrals reported here originated with classroom teachers, many with parents, and occasionally physicians and others, but all cases were actually referred by the designated representatives of the participating public school systems ("liaison persons"). Further, the population from which they came was predominantly rural and small-town, with school-age children numbering some 40,000. They lived in a radius of approximately 90 miles of the center performing the diagnoses and were distributed among eight parish (county) school systems. The vast majority were in public school, with five percent or so being in private (parochial) schools. Too, more than 95 percent of those referred were Caucasians. The diagnostic service, exclusive of medical procedures, was free to the child and his family except for occasional transportation costs. Some 90 percent of the children were seen at or near their own schools, the others were seen at the center. The educational diagnostic services of the center were exclusively contracted for the participating school systems.

In interpreting the figures, it is necessary to note the bases of classification:

Intellectually Superior	IQ 120 and above
*Educable Retarded	IQ 50—75
*Trainable Retarded	IQ 25—49
Brain Damaged	Medically verified in most cases, strongly suspected in others, referral to neurologist recommended.
Speech Impaired	Judgment of specialist with ASHA Advanced Certification.
Hearing Loss	20 db for at least two frequencies in one ear or one in each
Major Physical Handicap	Sufficiently serious to interfere with normal educational participation

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Table 1. SUMMARY OF CHILDREN REFERRED FOR DIAGNOSTIC SERVICES

Types of Exceptionality		REFERRED 1st Period 4/1/56-6/30/58	REFERRED 2nd Period 7/1/58-6/30/59	REFERRED Total Period 4/1/56-6/30/59	FREQUENCY RANK 1st Period 4/1/56-6/30/58	FREQUENCY RANK 2nd Period 7/1/58-6/30/59	FREQUENCY RANK Total Period 4/1/56-6/30/59
Intellectually Superior	No.	33	21	54	7	7	7
	%	4	7	5			
Educable Retarded	No.	119	68	187	3.5	3.5	3
	%	16	24	19			
Trainable Retarded	No.	26	7	33	8.5	9	8.5
	%	3	2	3			
Brain Damaged	No.	41	41	82	6	6	6
	%	5	15	8			
Speech Impaired	No.	260	67	327	1	3.5	1.5
	%	35	24	32			
Hearing Loss	No.	118	55	173	3.5	5	5
	%	16	20	17			
Physical Handicap	No.	19	14	33	8.5	8	8.5
	%	3	5	3			
Vision Impaired	No.	240	87	327	2	2	1.5
	%	32	31	32			
Emotionally Disturbed	No.	73	112	185	5	1	4
	%	10	40	18			
TOTAL REFERRED (Actual number of children)*	No.	751	282	1,033			
Number of Exceptionalities per 100 Children		124	168	137			

*A child may be classified in more than one category.

Vision Impaired ..... Performance on school vision screening (Telebinocular, Orthorater) such as to warrant referral to a vision specialist

Emotionally Disturbed ..... Sufficiently serious to interfere with education and to warrant referral to a therapeutic agency

Several observations about the children referred seem to be in order. Approximately one out of every three children referred as exceptional had either a speech impairment or a probable (referable) vision problem or both. Thus, the importance of regular vision and speech and hearing examination of school children is once again underscored.

As the diagnostic work moved into its third full year, several changes occurred and persisted in types of children referred:

1. Whereas during the first two years, only one of every 10 children referred was classified as emotionally disturbed, during the third year four out of every 10 referred were so classified.

*While other factors were significant, and some children below 50 IQ were recommended for trial placement as "educable," the IQ basis is used above to simplify reporting. Recent modifications in classifications of exceptionalities by all the centers will permit more precise analysis of outcomes in future years.

2. There was a tripling, percentagewise, of those classified as brain damaged.
3. The percentage of intellectually superior referred nearly doubled.
4. There was a decrease of 30 percent, among those classified as speech impaired.
5. More multiply exceptional children were referred since the aggregate percentage of exceptionalities in relation to the number referred was 124 the first two years and 168 the third year. This means that among every 100 children referred the first two years 124 exceptionalities were found, and among every 100 referred the third year 168 exceptionalities were found.

Attempts to explain these phenomena by those concerned include: 1. Teachers and administrators increasingly accepting the diagnostic service as they have had experience with it and the staff concerned, hence referring more obvious learning problems, particularly speech defects, first, then more obscure learning problems involving retardation, emotional disturbance and intellectual superiority later.

2. Increasing complexity of life, and increasing uncertainty about the future with the advent of the space age actually may have brought about more emotional disturbance.

3. Teachers becoming more understanding of and alert to symptoms of exceptionality through in-service education.

PROGRAMS FOR TRAINABLE CHILDREN

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However, if severely mentally retarded children are to be given the type of training their disability requires—if we are going to have special classes for them—we must set up a policy for selection of candidates for these classes that, as far as possible, will distinguish between mental deficiency and emotional, social or educational maladjustment.

The "trainable" retarded child requires a non-academic program of a "horizontal" nature which endeavors to develop the full width of his limited potential without forcing him to heights he is unable to attain; while the child whose retardation is due to emotional or social maladjustment requires a remedial or therapeutic type of program which may eventually lead to his making "vertical" progress, including academic study.

While the efforts of small school districts to meet the problems of educating their deviant children should be commended and their difficulties understood, still, from the viewpoint of providing optimal educational opportunity for severely retarded children, we cannot be satisfied with practices that are the outcome of mere expediency. Using these classes to accommodate various types of problem children leaves much to be desired. We cannot use the limitations of local school districts as guidelines in selecting pupils for these classes. A diagnosis of "mental deficiency," arrived at by qualified medical and psychological specialists after a thorough, individual examination, should be the primary basis for selection of these children.

Conclusion

The analysis of the foregoing study has resulted in the following conclusions:

First, programs for "trainable" mentally retarded children must fulfill the purpose for which they were intended or they will be judged ineffective and eventually discontinued.

Second, the programs cannot fulfill their purpose unless the candidates are the children for whom the programs were designed.

Third, it is the responsibility of the chief school executive, or his delegate, to provide a policy for selection which will insure that only the children for whom the program was designed should be admitted.

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One point of view

Intellectual Evaluation in Cerebral Palsy

ROBERT M. ALLEN

THE starting point for assessing the psychological attributes of a cerebral palsied individual should be a consideration of basic theoretical postulates. A feasible guiding concept would hold that the psychological principles posited for the cerebral palsied are no different from those which obtain for the nonorganically involved person. Therefore the principles purporting to explain human behavior should encompass both typical and atypical events. The atypical phenomenon, the performance of the cerebral palsied, is the focus of this paper. These persons, because of their condition, are located in the deviant portion of the behavioral continuum. Despite this, the same yardstick or evaluating procedure, should be applied to these individuals as are utilized with the non-deviated.

Adherence to the proposition that there is one psychology for the normal and another for the pathological would require a host of psychologies to explain the variety of conditions extant in the world. This could lead away from the currently organized chaos to sheer anarchy in psychology as a body of knowledge and a collection of techniques.

The perceptual view of behavior hypothesizes that all behavior is lawful and ordered. Therefore the perceptual field of the individual determines his behavior. From this is derived the basic assumption that the behavior of an individual (on a test and in actual activities of daily living) is anchored in his perception of his phenomenal field or life space. In this phenomenal field are the many biological, social, and physical forces that are constantly impinging upon him. These needs and press seek expression as they are assimilated, with varying degrees of completeness, into the individual's self-concept, the basic source of motivation. This is a person-centered concept which searches for the explanation of behavior in the individual's frame of reference, *i.e.*, ". . . . behavior is considered to be a function not of the external event alone but of the individual's perception of it" (5). This is illustrated by the story of the three blind men each of whom was feeling a different part of an elephant and therefore separately described the object as a snake, a tree trunk, and as an oversized palm leaf.

Considered within the framework of perceptual psychology, one point of view, the behavior of the person, handicapped or no, is a function of his perceptions. Therefore it is proper to focus on these perceptions and their field as they lead to behavioral manifestations. Since perceptual processes have biological and psychological facets, the organization and meanings which the individual imposes on the stimuli in his perceptual field are affected in varying degrees by the physical limitations on perceiving and the person's apperceptive mass. With the cerebral palsied the biological fact of the brain damage, and its effects on bodily organ systems, is only one aspect of the total person being studied. Combs and Snygg (5) wrote:

> "An automobile is roughly limited by its structure. It will not run successfully under water, nor will it normally fly through air . . . . In the same way the behavior of a human being cannot be understood through a study of the structure of the organism alone . . . .

• ROBERT M. ALLEN is professor of psychology, director of the clinical psychology training program at the University of Miami, and consultant in psychology to the United Cerebral Palsy Rehabilitation Center of Miami, Florida. He is also research editor for the *Cerebral Palsy Review*. This is a modified version of a paper presented at the University of Miami—United Cerebral Palsy Rehabilitation Center of Miami, *Post-doctoral Workshop on Psycholonical Services for the Cerebral Palsied*, on June 23, 1959. The workshop was supported by the Office of Vocational Rehabilitation, Department of Health, Education and Welfare.

> We are broadly limited by our fundamental physiology, but the variety, the richness, and the almost limitless patterns of human behavior can never be fully understood exclusively in terms of the physical organism."

This statement implies that an understanding of the organism must be related to a knowledge of the status of the sensory and motor equipment, to the degree of intact nervous system, *and* to the self-concept of the individual as it has been formed, and is being maintained and defended in the life space (16). This principle, derived from the normal, applies equally to the encephalopathic individual. Limitations of differing degrees in the cerebral palsied may inhere in the reception of stimuli, in their organization and interpretation, and in the subsequent reactions of the person. Thus, normal functioning may be impaired at the receptive, associative, and motor stages of the behavioral continuum.

The Psychologist's Work

The psychologist in a cerebral palsy center must deal with the problems arising from this atypical situation. The questions are: Shall the psychologist resort to a search for principles and behavioral manifestations unique and limited to this selected segment of the population? Or shall he recognize that reality requires that the cerebral palsied individual be considered in the context of the general population in which he is forced to spend his life? The former, explanatory principles based solely on a deviant group, could yield unrealistic planning since the norms would stem from a highly selected group which would have little or no application to society as a whole. The latter position, evaluating the cerebral palsied in terms of the typical picture of the nonhandicapped group, eventuates in a more realistic appraisal of strengths and weaknesses as these traits enter into the individual's everyday life. These are the hard facts of life.

During a discussion of the ambivalence of some psychologists to accept the evaluations of the handicapped based on test items designed for, and standardized with, nonhandicapped persons, McCarthy (8) stated:

> "Another tendency which I think is unfortunate for the whole field of measurement is that with the development of highly specialized clinics for various types of cases in rehabilitation centers, speech and hearing clinics and cerebral palsy centers, workers not highly trained in psychometrics are being forced to develop their own batteries of tests and are using groups of items which are not standardized and on which they develop their own subjective norms on the basis of their clinical experience. . . . the problem is: what do normal children do with the same tasks? Anyone who works for a period of time with one type of handicapped child is bound to develop a distorted norm biased in favor of such cases and while discrimination of degree of defect may be made carefully, the perspective in relation to the normal child will be lost without the use of standardized tests based on representative sampling"

This statement focuses attention on more than the test; the client is included in the assessment process. Understanding of the cerebral palsied person requires a meaningful and acceptable referent. The test cannot be the referent since it is only a tool. It is the concept of the cerebral palsied person in the context of a non-cerebral palsied world which should be the referent.

In essence, a major concern of psychological evaluation is to derive an approximation of an individual's potentialities and current efficiency as these reflections of perceptual processes have reached the level of overt behavioral expression. For the examiner of the brain damaged person this concern is important since it is the most direct manifestation of the individual's mode of receiving and coping with problems. These, in turn, are involved in training and educational planning and methodology as well as in occupational expectancies for the organically deviant person.

Early in the testing of the cerebral palsied client the psychologist is reminded sharply of Strauss and Lehtinen's (10) vivid and generalized description of this person as an organism who is:

> ". . . . abnormally responsive to the stimuli of his environment, reacting unselectively, passively and without conscious intent." Furthermore, such an individual ". . . . is extremely mobile in attention and activity, unduly attracted by the doings of others or by

> the presence of normally inconspicuous background stimuli . . . . In brain-injured children disinhibitions, hyperactivity, and distractability should be regarded as manifestations of exaggerated responsiveness to stimuli."

These are significant perceptual and behavioral factors in the administration and interpretation of psychological, vocational, and educational tests with the cerebral palsied. To overlook these behavioral possibilities could yield a nonrepresentative picture of the testee with serious misunderstanding and subsequent unrealistic educational and vocational planning. Furthermore, the neophyte psychologist could become too easily discourged and misled as he attempted to cope with the somewhat different behavior of the cerebral palsied during the test sessions.

Michal-Smith in the book edited by Goldstein (7), emphasizes the role of perception in tests: "Work of theoretical and practical importance," he wrote, "demonstrates striking relationships between perceptual and motor functioning . . . . Studies also point to pathological figure-ground perception as a basic difficulty consequent to brain injury. Inability to grasp and retain visual problems, difficulty in discriminating in figure-ground, a basic difficulty in integrating aspects of a visual stimulation, a defect in the perception of apparent or illusory motion and disturbance in auditory perception are commonly noted."[1] Thus the test responses, as behavior, reflect how the brain has organized the stimuli from outside or from within the body or areas of the brain. Is it any wonder that the brain injured individual gives a variety of responses different from those of the nonorganic person? It must be understood, and conceded, that the inefficiency of the cerebral palsied mirrors, among other phenomena, the inefficiency of the organizing processes with subsequent inefficiency of the executive aspect of the behavioral continuum. Phenomenologically the self-concept, the ". . . . highest or supreme value of the individual, and therefore the basic or primary datum for the understanding of human behavior" (9), is revealing itself. The signs are ubiquitous, it remains for the psychologist to read them and recognize their significance for interpretation and prediction (27).

[1] Allen and Truss (4) (1959) found ample support for Michal-Smith's characterization of the widely deviant responsivity of the cerebral palsied person to apparent or illusory motion as exemplified in the aftereffect image to the rotating Spiral Wheel of Archimedes.

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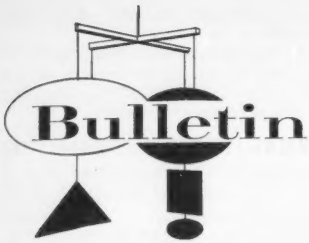

CHAIRMEN ANNOUNCED FOR CEC'S SPRING INTERNATIONAL IN DETROIT

General Program Chairman Leo F. Cain, CEC president-elect and vice president of San Francisco State College, announces the appointment of his special interest chairmen, each of whom will be responsible for selecting several section chairman for a series of meetings in the interest area involved. In cases of section meetings on local administration, teacher education, the gifted, the partially seeing, and the hospitalized and homebound, he invited the CEC division concerned to plan the meetings. In the case of state administration he invited the National Association of State Directors of Special Education to do the planning.

One point of interest is the general session on professional standards, under the chairmanship of Maynard Reynolds. Group discussions on various aspects of this important topic will follow the general meeting.

Local Arrangements Chairman Paul H. Voelker has announced his chairmen of subcommittees. As a result plans are well on the way to one of the most comprehensive and interesting conventions CEC has ever held. Headquarters for this annual CEC international convention will be the Statler Hilton in Detroit.

Special Interest Area Chairmen appointed by General Program Chairman Leo F. Cain are as follows:

Special Health—June P. England
Teacher Education—Norris G. Haring
Rehabilitation—William M. Usdane
Blind and Partially Seeing—Georgie Lee Abel
Orthopedically Handicapped and Neurologically Impaired—L. Leon Reid
State Director—W. R. Burris
City Directors—Frances A. Mullen
Mentally Retarded—Richard W. Outland
Deaf and Hard of Hearing—Alice Streng
Emotionally Disturbed—Willard Abraham
Speech Impaired—Darrel J. Mase
Homebound and Hospitalized—Elizabeth Wetzel
Gifted—Ruth A. Martinson

PROGRAM COMMITTEE FOR CEC SUMMER MEETINGS AT 1961 NEA CONVENTION, ATLANTIC CITY

George Boone (Chairman)
Director of Education for Mentally Retarded and Handicapped Children
Office of Special Education Services
New Jersey State Department of Education
Trenton, New Jersey

Boyd E. Nelson
Director of Special Education
New Jersey State Department of Education
Trenton, New Jersey

Harrie M. Selznick
Director of Special Education
Baltimore Department of Education
Baltimore, Maryland

L. Kathryn Dice
Director of the Bureau of Special Services for Pupils
Pennsylvania State Department of Public Instruction
Harrisburg, Pennsylvania

Robert Rowen
Director of School Social Work
Office of Special Education Services
New Jersey State Department of Education
Trenton, New Jersey

The Local Arrangements Committee under the chairmanship of Paul H. Voelker will have the following groups headed by the persons listed:

Exhibits Assistance—Helen W. O'Neal
Finance—Eugene S. Hayden
Headquarters—Edith Cohoe and Chester Loomis
Hospitality and Information—Beatrice L. Seece
Program Host Assistance—George V. Wade
Publicity Assistance—Floyd Benitz
Registration—Eula Griffith
Room Organization—Thomas Traynor
Social Events—June P. England and Elaine Hawker
Visitation and Tours—Ralph Peabody

Watch this Bulletin section for further announcements as plans develop.

Legislation

On October 25, CEC held a meeting in Washington, D. C., with representatives of other organizations interested in the education of the deaf, for the purpose of discussing legislation related specifically to that field.

Representing CEC were President Jack W. Birch, Executive Secretary Harley Z Wooden and CEC

Legislation Chairman Leo E. Connor. Other representatives at the meeting were President Richard Silverman of the Council on the Education of the Deaf; President George T. Pratt of the Alexander Graham Bell Association for the Deaf; President William G. McClure of the Conference of Executives of American Schools for the Deaf; and President Richard G. Brill of the Convention of American Instructors of the Deaf. Parley Newman of the American Speech and Hearing Association attended as that organization's official observer. Other visitors at the meeting were Powrie Doctor, editor of *American Annals of the Deaf*, and Jeanette Ninas Johnson, executive secretary of the Alexander Graham Bell Association for the Deaf.

It is hoped that this and similar meetings with other associations will serve to further a united front among those interested in legislation relating to the education of exceptional children.

COUNCIL REORGANIZATION COMMITTEE

The Council Reorganization Committee met in Baltimore, November 11, during the time of the Eastern Fall Regional Conference, for the purpose of setting up bylaws to the proposed constitution. Upon acceptance of the proposed constitution, these bylaws, if accepted, will go into effect immediately. Committee members present at the meeting were William Geer, chairman, Kuhn Barnett, Ivan Garrison, Jack Birch, Lloyd Dunn, and Harley Z Wooden. When complete, the proposed bylaws will be published in the Journal.

The proposed constitution and bylaws are designed to provide greater flexibility of operation, giving the Council all the legal foundation needed, while making it possible to effect changes in detail of operation with a minimum of constitution or bylaw amendments.

TEXT OF BIRCH LETTER TO COMMISSIONER DERTHICK

President Jack W. Birch is pursuing the mandate given him by the delegate assembly at Los Angeles. One of the assembly's expressed goals is a more comprehensive U. S. Office of Education program for exceptional children. The following letter is evidence of the efforts Dr. Birch and Legislative Chairman Leo E. Connor are expending in this direction. It is presented here to inform CEC members of the scope and depth of plans the legislation and executive committees have in mind.

October 18, 1960

Honorable Lawrence G. Derthick
U. S. Commissioner of Education
Washington 25, D. C.

Dear Dr. Derthick:

As president of The Council for Exceptional Children, NEA, I wish to express appreciation for the opportunity on September 16 to share with you and Drs. Flynt, Featherston, and Mackie some of the important plans that CEC is developing for improvements in the education of exceptional children. As Dr. Connor and I indicated to you and your staff, the foundation stone of special education represents special services, competencies, and facilities for the education of all those children that cannot profit from the usual program offered in the regular classes. Thus, intellectually gifted, emotionally disturbed, and socially maladjusted children are as much our concern as are the mentally and physically handicapped.

During our visit we stressed the current happenings in the field of special education as indicative of interest and support among Congressmen, as well as among state and local school administrators and parent groups throughout the country. Such national trends will be encouraged by this Council during the coming year through discussions with governmental officials and a more active role in legislative activities.

As you will recall, we mentioned the general objectives and specific activities that The Council for Exceptional Children will pursue with the help of various interested persons. The first objective is a strengthening, within the Office of Education, of federal programs for the education of all exceptional children. We should expect that regular Office of Education mandates and functions will be utilized to a greater extent than in the past. Also, we should hope to see an expanded federal service program by the Section on Exceptional Children and Youth and other units of the U. S. Office of Education, through

The University of Arizona—not Iowa—is where RUTH STRANG is directing a reading development center. The error was in our October issue.

SEARCH AND SCREENING FOR CEC EXECUTIVE SECRETARY

If you are qualified and interested in the position, or if you know of some other person you think is the right individual, please contact any member of the committee. For detailed information write to the committee chairman, Harley Z Wooden.

The job description of the position is briefly as follows:

1. Serve as the appointed administrative officer of an education association of 15,000 members;
2. Carry out the policies of the association and the directives of its governing bodies;
3. Study the problems and status of the association and make appropriate reports and recommendations related thereto;
4. Direct the operation of a central office, possessing a current staff of 12 persons;
5. Assume personal responsibility for selected Council activities;
6. Give general supervision to all other activities, including the professional program, membership services, business operation, and public relations.

---

status studies, increased consultative service in all areas of special education, regional and national conferences, collection of incidence data, the publication of reports and other pertinent information.

An expanded staff is needed within the Section on Exceptional Children and Youth to provide more effective leadership on the national level. At the present time, the Office of Education lacks specialists in several areas of the education of exceptional children. Federal leaders in the education of deaf children, crippled, cerebral palsied, emotionally disturbed, and socially maladjusted are vitally needed. In addition, the Office needs specialists in administration, research, teacher education, and other across-the-board areas. Thus, The Council for Exceptional Children recommends to you, Dr. Derthick, an upgrading to division status of the present Office of Education programs operated by the Section on Exceptional Children and Youth. To this end, we pledge our every support.

The second objective of The Council for Exceptional Children is new federal authorizations for improved services to special education. Based upon the needs of children and the experiences gained from Public Law 85-926, The Council for Exceptional Children will seek the immediate expansion of federal fellowships for leadership training programs in all areas of exceptionality, with adequate appropriations to cover. Also, in view of the shortage of special teachers, the Council will seek federal scholarships for teacher training—likewise in all areas of exceptionality.

And finally The Council for Exceptional Children is intent upon promoting a federal program of special grants to be administered through the Office of Education for demonstration purposes, provision of equipment and facilities, and other special projects for the improvement of educational programs for exceptional children.

As we expressed to you and your staff, Dr. Derthick, the Council is desirous of cooperating with the Office of Education in obtaining the best educational program possible for exceptional children. However, our efforts will extend beyond the Office of Education, to include activities and programs of other appropriate federal agencies that are in position to make contributions without usurping educational functions not belonging to them. At the same time, we are convinced that the provision of a strong federal program for the education of exceptional children should not be made through a new and separate agency as proposed by Congressman Graham A. Barden in HR 12328, but rather through the U. S. Office of Education. Therefore, we stand ready to provide assistance to the Office in the attainment of what we assume are our common objectives.

Sincerely,
JACK W. BIRCH
President

NEW GOVERNING BOARD MEMBER

Joseph Lavender, consultant, Mentally Handicapped Children, Connecticut State Department of Education, Hartford, is Connecticut's new member recently elected to the CEC governing board. He will serve in office until May 31, 1963.

CANADIANS HAVE CEC NEWSLETTER

Members of the Council in Canada now have a special news advantage in the form of their own personal newsletter to tell them of special education meetings, CEC doings, news of personal promotions, and special events of national interest to them. If you are a member of the Council for Exceptional Children, and reside or work in the Commonwealth, you are invited to send professional news items to

Ruth Tinkiss
5785 Yonge Street
Willowdale, Ontario.

People

• MARY M. PILCH is now the consultant for the gifted in the Minnesota State Department of Education, St. Paul. Mrs. Pilch served as foundation consultant before this, at the Mechanics Arts High School in St. Paul.

• VERNON E. HUNGATE, former director of education, Nebraska State Board of Control, Lincoln, is now dean of the Division of Graduate Studies, Adams State College of Colorado, Alamosa.

• FREEMAN E. MCCONNELL, former director of the Bill Wilkerson Hearing and Speech Center in Nashville, is the chairman of the speech and hearing area of the department of special education, University of Tennessee, Knoxville. He will coordinate the teacher training program in this area, working closely with the Tennessee School for the Deaf, the East Tennessee Hearing and Speech Center, and area public schools.

• ROSEMARY WELSCH is the new supervisor of the blind and partially seeing in the bureau of physically handicapped children, the public schools of Chicago, Illinois. Although ETHEL WRIGHT has retired as a supervisor, she is continuing to serve exceptional children as an emeritus teacher of the blind, at the Spalding School.

EUROPEAN STUDY TOUR IN SPECIAL EDUCATION FOR 1961

Boston University will sponsor a study tour of special education and rehabilitation facilities in Europe during this coming summer. Wilbert Pronovost, professor of special education, who conducted a similar tour in 1956, will again lead the course of study.

Itinerary for the 1961 tour will include London, Birmingham, Amsterdam, the Rhine Valley, Munich, Venice, Rome, and Paris. Enrollment is limited to experienced special education teachers and rehabilitation workers. Visitations will cover schools and centers for the blind, deaf, crippled, retarded, speech and hearing handicapped, and emotionally disturbed. In addition, special lectures and conferences are planned. Upon completion of the assigned projects, six graduate college credits will be granted.

Dates for the tour now are June 28-August 16, 1961. The probable cost of the trip is estimated at $1295, plus $180. for tuition. Further information and application forms are available from Dr. Pronovost, Division of Special Education, Boston University, 332 Bay State Road, Boston, Massachusetts.

NOMINATE NOW FOR YOUR CHOICE FOR "HANDICAPPED AMERICAN OF THE YEAR"

Each year, The President's Committee on Employment of the Physically Handicapped awards the President's Trophy to "The Handicapped American of the Year," who has surmounted his or her own handicap to become a useful American citizen and who has helped to encourage, inspire, or facilitate the employment of other handicapped Americans. Any physically disabled American citizen is eligible for nomination, regardless of sex, age, race, creed, or formal education. The 1960 deadline is February 1, 1961.

If you desire to nominate a person for this honor, submit your nomination in letter form, and include documents covering the following:

1. Name and address of nominee
2. Pertinent facts as to his or her physical disability and adjustments to physical handicap
3. Facts as to the nominee's contributions, achievements, and accomplishments toward encouraging, increasing, or facilitating the suitable and useful employment of other handicapped persons.

Each such nomination must be submitted through and with the endorsement of the governor's committee of any state or other jurisdiction. Each person nominated for the President's Trophy will automatically receive a Citation for Meritorious Service certificate, if not already awarded one.

A list of the names and addresses of all governor's committees is available from the President's

Committee on Employment of the Physically Handicapped, Washington 25, D. C.

CEC's own Anne H. Carlsen, superintendent of the Crippled Children's School, Jamestown, North Dakota, was the 1958 trophy winner. In 1959, the honor was awarded to Dwight D. Guilfoil, Jr., cofounder and president of Paraplegics Manufacturing Company, Franklin Park, Illinois.

Other Groups

NARC CELEBRATES DECENNIAL

The impact of America's five million retarded upon the nation's economy, educational structure and family life were assessed at the 10th anniversary convention of the National Association for Retarded Children in October in Minneapolis. Representatives of 800 state and local groups in 49 states, professional societies, civic organizations, and international societies came to the city where 42 parents from 14 states met in 1950 to organize this national movement. The 1960 conference met to discuss the advances of the past decade and the current needs of the retarded in education, job training, and social welfare.

New findings relating to genetics, cellular growth, and factors affecting the learning process were reported. In addition, a symposium of scientists reviewed the NARC Research Fund studies now underway at 13 universities and medical centers. Federal proposals were also covered in an address by Robert A. Forsythe, U. S. Assistant Secretary of Health, Education and Welfare.

U. S. OFFICE OF EDUCATION REPORTS YEAR'S PROGRESS ON PUBLIC LAW 85-926

Public Law 85-926, an act to encourage expansion of teaching in the education of mentally retarded children through grants to institutions of higher learning and through state educational agencies, was approved on September 6, 1958. Funds not to exceed $1 million for any one fiscal year were first authorized for implementation of this law in fiscal year 1960.

Within the graduate fellowship program presently developed under this law, the main emphasis is on the training of leadership personnel rather than classroom teachers. It appears that the best contribution the federal government can make, in these first years, is to aid in the professional preparation of promising persons who will, in turn, train others or supervise programs and thus multiply the educational opportunities for mentally retarded children and youth.

During this first year the Office of Education has progressed rapidly in the development of the program. In all, 176½ fellowships were awarded from the 1960 funds at a total value of $980,322, which is almost at the ceiling amount allowed under the Law.

Under section 1 of the act, funds have been spent or obligated for 84 1/3 fellowships to 19 colleges and universities. The institutions used 41 1/2 fellowships during 1959-60 and will use 42 5/6 fellowships from funds appropriated for fiscal year 1960 in academic year 1960-61.

Under section 2 of the act, 92 1/6 fellowships were obligated or used for 50 states. Of these fellowships, 21½ were used in 1959-60 and funds for 70 2/3 fellowships were obligated for use in 1960-61. All but seven of the states were unable to use their allocations. As these figures indicate, there has been a vigorous response from nearly all parts of the Nation to this opportunity for advanced study in the field of education of the mentally retarded. Experience indicates that not only will the demand for these fellowships continue, but that there will also be keen competition for the fellowships in the years ahead.

For each academic year fellowships include the following stipends and allowance for dependents:

$2,000 stipend, first graduate year
$2,400 stipend, second graduate year
$2,800 stipend, third graduate year
$ 400 allowance for each dependent

For each fellow enrolled under this program, the institution which he is attending receives a provisional supporting grant of $2,500 per year. This amount is to be applied by the institution to the cost of training the fellowship holder.

Colleges and universities receiving grants for participation under section 1 of Public Law 85-926 include the following:

Colorado State College
George Peabody College for Teachers
Los Angeles State College
Newark State College
Ohio State University
Pennsylvania State University
San Francisco State College
Southern Connecticut State College
Syracuse University
Teachers College, Columbia University
University of Georgia
University of Illinois
University of Minnesota
University of Pittsburgh
University of Texas
University of Wisconsin
Wayne State University
Western Michigan University
Yeshiva University

By the end of academic year 1960-61 the contribution of leaders trained under this program will begin to be apparent, but, since the needs are so extensive, the full impact will not be realized until the program has been underway for several years.

BELL GROUP TO MEET IN LOS ANGELES

A three-day meeting of the Alexander Graham Bell Association for the Deaf will be held in this

California city, Feb. 23-25, 1961. Featured on the program, for this regional meeting, which will be held at the John Tracy Clinic, will be talks by specialists and demonstrations by children from schools in the vicinity. In addition, schools for the deaf in the immediate area will also hold open house for those attending the conference. Edgar Lowell, director of research at the Tracy Clinic has planned the conference to include events that will appeal to parents as well as those working with the more technical matters of professional work in the fields of hearing and speech and the education of deaf children. Mrs. Spencer Tracy, founder and director of the Tracy Clinic, is general chairman for the meeting. George T. Pratt, president of the Association and principal of the Clarke School for the Deaf in Northampton, Mass., will deliver the keynote address. Robert H. Cole, president of the Parents' Section of the Association will also address the group.

MILLION OR MORE BY '64

This is the rallying theme of NEA, adopted by its board of directors during the Los Angeles convention last June-July. It means that the NEA hopes to gain an average of 75,000 members for each of the next four years. The main purpose of the campaign is to strengthen the association for the crucial years ahead.

A practical do-it-yourself manual by Barbara Dorward. Describes construction and use of pegboards, puzzles for developing size and space perception, color discrimination, reading and number readiness 1960.

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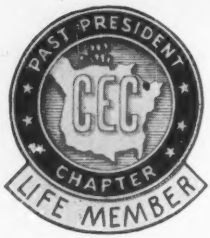

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THE DEVELOPMENTAL NEEDS OF BLIND CHILDREN

JEANNE R. KENMORE

IN OUR generation knowledge concerning the development of children has grown from a collection of undisciplined guesses into a basic science. Child development, as a basic science, is concerned with the discovery of general laws in its area of special concern as an end in itself. Ultimately, of course, such laws have self-evident implications for the realizations of certain practical goals which have social value, e.g. better understanding of individual children, more desirable methods of child rearing, the guidance and treatment of deviant children, and the improvement of education. Although child development findings do not ordinarily provide specific answers to specific problems in the applied disciplines of child guidance and education, they are extremely useful in more indirect ways.

First, generalizations in child development are applicable to the understanding and prediction of the development of particular children. Second, normative child development findings make possible the evaluation of an individual's current behavior in terms of the maturational standards and of the distinctive developmental tasks and problems of his age group. Third, thorough grounding in the scientific literature of child development presumably fosters a cautious and critical attitude toward transitory fads in child care or child instruction and promotes the search for sound and rational procedures in the management of practical problems.

Schools today draw heavily upon knowledge from the field of child development for guidelines in planning classroom procedures, curriculum content, and guidance programs. The effectiveness of our instructional efforts has shown a high correlation with our use of valid reliable information concerning the needs of children.

Recognizing Similarities and Differences

How effectively a public school program meets the developmental needs of *blind* children may very well depend upon the skill of the professional staff in meeting the needs of the *sighted* children.

In special education we often begin a college course, a meeting, a speech by declaring firmly our belief that the "exceptional" child, whether he is blind, or crippled, or mentally retarded, is more *like* other children than he is different. Having established thereby our membership in the "Club of Popular Views," we then devote the remainder of that college course, that meeting, or that speech to a description of the exceptional child's differences. If a keen observer were to question our approach, we would justify it by reminding him that everyone knows what normal children are like, so we must spend the limited time allowed us in discussions of how the exceptional child deviates from the norm. Perhaps this keen observer would push his point a bit further by asking us how closely we restrict our discussions to those areas where the exceptional child truly deviates from the norm if that is what we feel is so important.

Let us, for example, imagine a lecture on the teaching of reading to blind children. Now here, we really have a difference worthy of examination, haven't we? If the lecture is free of references to ideas which apply to normally seeing children, and includes only those points which are germaine to the fact of blindness in children, what will be in that lecture?

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This article is based on a paper presented by the author at the April 1960, International CEC Convention in Los Angeles.

Information on the construction of the braille code? Yes. Position and movement of the hands in using it for reading? Yes. Sources of supply of braille matterials? Yes. Ways of helping a child develop readiness for reading by means of braille? Well, here, if we are not to mention those things which are also true of sighted children, we are cut to a minimum. We can't mention language skills, mental age, background of experience, personal and social development, attitudes toward reading, interests, left to right habits, or even care of books. All of those items would apply to sighted children as well.

As a matter of fact, I've never heard a lecture or a discussion of reading for blind children which would not have made a teacher of sighted children feel right at home in the midst of the same old topics.

I am not for a moment minimizing the fact that a blind child has specialized needs in the reading program or in any other part of his life. I hope, I have become very much aware of a blind child's special needs. My thought is that there is a stimulating challenge we might put to ourselves frequently—a challenge to separate real differences and really specialized needs from those common to nearly all children.

Seeing Problems of Children

Figures from the American Printing House for the Blind, show that today a majority of the blind children in this country attend school with seeing children. Of the many possible explanations for this phenomenon, one which interests me especially is that increasing numbers of educators are becoming skillful at recognizing those developmental needs of blind children which are the same as those of sighted children, and are willing, even eager, to try to meet those needs.

I can hear persistent voices which ask:

— how the blind child fits into the physical education program,
— where he gets enough materials,
— how he feels if he loses the part in the class play,
— what happens when he receives too much praise for winning a spelling contest,
— how true his friendships with sighted companions are,
— what his relationship is with his family.

If we think clearly, we find ourselves back to the reading lecture; for these points also apply to sighted children as well: physical education, materials, losing, winning, friends, family . . . .

Using Normative Data

A public school can meet the developmental needs of blind children if there is recognition of the places these individual youngsters have in the distribution curves applied to *all* children. Each particular blind child fits somewhere in the range of IQ's. He fits somewhere in the achievement distribution curve in each subject area. His physical skills, his creative ability, his ease in social situations, his growth patterns, his intellectual curiosity, his language skills, his physical independence, his emotional development, his interests, his need to like himself—to belong—to achieve—all these facets of his being and many more fit somewhere in the ranges which include all children. It is important to him that we see the many different places that he fits. It is also important that *he* sees the way he compares with others.

But one might say it is unfair to compare a blind child's functioning or his potential with those of a sighted child. I believe the unfair part comes in when we *cease* to compare the blind child with what has been learned about all children.

A public school program can give a blind child the opportunity of learning about the wide variance of abilities, interests, problems, and achievements of the young people his age. He has the chance to learn that sighted people aren't a group about which to generalize freely any more than blind people are. As he discovers that he can do average work in some things, better than average in others, or poorer than average in some, he has the advantage of seeing many aspects of himself in relation to a large population.

At a certan junior high school a gifted totally blind boy is registered in the eighth grade. Last year he made nearly all A's in seventh grade. But not all A's. There was a "C" in physical education on the fall report card. The boy was flabby, poorly coordinated, and slow on his feet. As he said, he didn't like the "C," but he knew that that's the way he stacked up against the other boys. Two other fellows had less physical fitness than he and they made "D's." It was small consolation.

On the winter card there was a "C+" showing the improvement which he knew had taken place. By spring he made a "B+" having outdistanced most of his class in swimming, track, wrestling, and trampoline. In eighth grade he received his first all "A" report card. He had known all along that he was the top student in the academic subjects, so his greatest thrill was the knowledge that his A in physical education had been justly earned, and that he was truly a first rate athlete for his age group. He joined the after school wrestling club and had great fun. To his immense surprise the winter card in eighth grade brought a "B+" in physical education. The coach explained to the boy that he had the potential of being a statewide wrestling champion and that the grade was meant to spur him on to increased performance. For the first time the boy objected to his grade on the grounds that more was being expected of *him* for an "A" just because he was capable. His blindness had played no part in this succession of grades. His giftedness had.

Whatever we as educators may think of grades and the methods of awarding them, this boy had gained some important concepts about himself in relation to others through his school work.

I realize that I have given a story about a gifted child. One might say that such a boy would succeed anywhere. Yet, I have seen many other gifted blind boys who have not learned about their places on the distribution curves I mentioned previously, and who have made far less use of their abilities.

But what if the sample child I select is a slow learner? In a special situation tailored not only to his mental limitation but also to his visual handicap, he might have many happy years protected from the realities of the larger world. But is he really protected, and is he really happy? Is it possible that he goes home to live for short periods of time in a situation where he cannot find his place?

Have you heard neighborhood children talk about their classmates? Despite the grading plan of "S's," and "U's," the children have their own rating system. They know who is the best reader, the poorest catcher, the most skillful painter. Though their own channels they are learning about themselves in relation to others. One cannot protect, but one can help.

Meeting General and Special Needs

All the school facilities available to the sighted children should be used as needed for blind children including: the psychological staff, the home social worker; the curriculum supervisors; the science laboratory; the speech correction teacher; the industrial arts shop; the counseling service; and the home economics program.

At any age a blind child has special needs directly related to the fact of blindness. The way in which his truly special needs are recognized and fulfilled is equally as important as the understanding and care given his general needs.

A public school program can meet the specialized needs through providing the services of a well-trained resource or itinerant teacher. The responsibilities of such a teacher have been clearly defined in *The Pine Brook Report* and *Itinerant Teaching Services*, publications of the American Foundation for the Blind. This teacher makes it possible for the blind child to function at his highest level and to make use of the rich opportunities for learning in the school.

Including the Family

The boarding school for sighted children is far more common in many European countries than in the U.S.A. It is interesting that some people have explained our preferred plan of public school education on the basis of the importance of the home. While I cannot believe that English or French parents love their children less than American parents do, our educational structure has developed along lines which tend to include the parents in the programming of a child's school life. The importance we place upon the family group may be shown by the fact that in some states, such as my own, there are no orphanages. Those children who have lost their natural parents or whose parents are considered unfit to raise them, are placed in foster homes.

A public school program for blind children coincides with the American feeling about the importance of a child's being in a family setting. Such a program has a serious obligation to involve the parents in the total planning and to work toward mutual understanding of the goals and the procedures for reaching them in both home and school. Frequent contact is possible. In some cases daily communication has been of great value for a short period of time.

Encouraging Outside School Activities

My last point is that a public school program

can meet the needs of blind children through a helpful interest in their lives outside school hours. Many a resource or itinerant teacher has met with Y.M.C.A. youth leaders to answer questions about the entrance of a particular blind boy in an after-school activity or in a summer camp. Many a resource teacher has brailled catechisms and Sunday School materials so that blind children might participate more fully in their own churches. It is an increasingly common procedure for school personnel to plan with rehabilitation officers for specific aid for an individual high schooler.

Summary

In summary then, education has drawn upon the field of child development for knowledge concerning the development of children, for help in evaluating an individual's current behavior, and for guidance in the search for sound procedures in solving practical problems. The public school staff serving blind children must know the similarity and the variance in the developmental needs of all children and to recognize individual blind children's needs in relation to the larger population of sighted children. Many of these needs can best be met through regular channels. The highly specialized needs of blind children can be met through the service of a well-trained resource or itinerant teacher who knows how to bring to the children the materials, the instruction, and the counseling they need.

Adequate communication between the family and the school is vital. And, when it is needed, appropriate aid should be given by the school to enable blind children to take greater part in after-school activities.

Each blind child belongs to himself. He may be a member of a family group, a school community, a particular class; but he is first and always an individual belonging to himself. A public school program can meet the developmental needs of blind children when the individuality of each child is recognized, protected, and encouraged.

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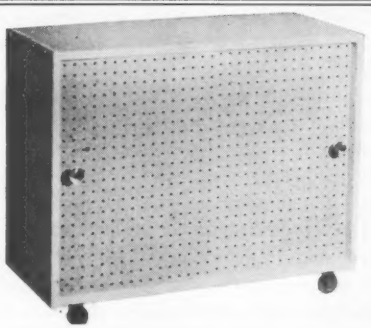

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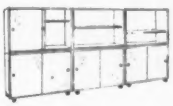

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Prediction of Classroom Discipline Problems

CLAUDE J. BARTLETT
ALFRED A. BAUMEISTER

ONE of the most universal and timeless problems which American public school teachers encounter is that of maintaining order in the classroom. The extent to which discipline problems are present in the classroom may affect the efficiency of the entire instructional process. It is conceivable, however, that if the troublesome child could be identified early in the school year the teacher and guidance personnel might be able to undertake measures to prevent such a youngster from disrupting the class. Also a valuable end may be served in the identification of variables related to discipline problems in that such variables in themselves may suggest possible corrective and remedial actions.

The purpose underlying this study was to examine the correlates of classroom discipline problems in the hope that these correlates may be useful in the early identification and control of potential school problem children. A second and related purpose involved the testing of an hypothesis that since schoolroom misbehavior embodies certain anti-social attitudes, such a child may demonstrate personality traits similar to those characteristic of juvenile delinquents, the difference consisting of degree rather than kind. Should this hypothesis be upheld, the identification and correction of the discipline problem child assumes vastly greater importance than merely preserving a peaceful school environment.

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• ALFRED A. BAUMEISTER is a research assistant at George Peabody College for Teachers, Nashville 5, Tennessee.

This research was presented as a paper at the 1960 convention of the Southeastern Psychological Association, Atlanta, Georgia.

Procedure

Ss consisted of 146 students representing the total available eighth-grade population of a mid-Tennessee city of about 20,000 population.

In order to obtain a criterion measure, the eighth-grade teachers were asked to rate the students in their respective classes as to the degree to which each student represented a discipline problem. The following five-point scale was used as a guide for the ratings:

1. Never a discipline problem
2. Very rarely a discipline problem
3. Seldom a discipline problem
4. Occasionally a discipline problem
5. Often a discipline problem.

Three of the variables used in predicting the criterion represented personality factors of juvenile delinquency. In an attempt to define a set of meaningful and useful constructs relating to delinquency, Peterson, Quay, and Cameron (7) have carried out a factor analysis of items from two scales of juvenile delinquency, the Socialization (So) Scale of the *California Psychological Inventory* (3) and a 40-item scale developed by Quay and Peterson (8). The items from these two scales were chosen for factor analysis because of the demonstrated relationships of these scales to legally defined delinquency (4, 6, 8). The factor analysis (7) yielded five factors of which three were interpreted as personality factors of delinquent behavior. The items showing loadings on these three factors, *Psychopathic Delinquency* (PD), *Inadequate Delinquency* (ID), and *Neurotic Delinquency* (ND), were formed into a true-false self-report scale, subsequently referred to as the PNI Attitude Schedule.

Since classroom discipline problems represent a

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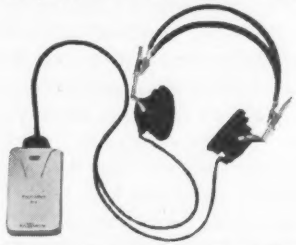

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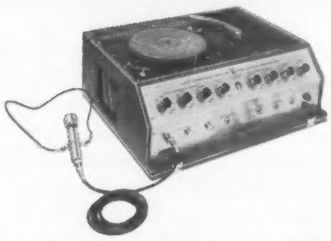

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form of antisocial behavior that in a sense may be considered delinquent behavior, it was felt that the three factors of the PNI Attitude Schedule might be useful for predicting discipline problems in the classroom. The three personality factors of delinquency, used in a correlational design, were also used to test the hypothesis that the discipline problem child may have similar personality characteristics found in juvenile delinquents.

In addition to the three personality factors, intelligence as measured by the total score of the *Cooperative School and College Ability Test* (SCAT) (1) and achievement scores as measured by the *Cooperative Sequential Tests of Educational Progress* (STEP) (2) were included as predictors. A single achievement score was obtained from the STEP by combining the subtests. The intelligence and achievement variables were included in order to determine if the addition of these variables might improve the prediction of the criterion, and to examine the validity of the three personality factors as predictors, independent of ability and achievement.

Results

Intercorrelations between the five predictors and the criterion were obtained. The five predictors were combined, yielding a multiple correlation with the criterion of classroom discipline problems of .50. The intercorrelations and beta-weights are shown in Table 1. Standard errors were computed for all beta-weights, indicating that all but the weight for ND add significantly ($p < .01$) to the prediction of the criterion. The standard errors and significance tests are also shown in Table 1.

Table 1. INTERCORRELATIONS AND BETA-WEIGHTS WITH STANDARD ERRORS

(decimal points omitted)

	2	3	4	5	Criterion	Beta	SE Beta
1. SCAT	53***	−36***	−33***	−35***	09	50***	085
2. STEP		−03	−13	−12	−15	−38***	080
3. PD			−49***	−31***	27***	38***	080
4. ND				−39***	13	−02	080
5. ID					19*	21**	078

*significant ($p < .05$)
**significant ($p < .01$)
***significant ($p < .001$)

The data from the PNI Attitude Schedule were analyzed further in order to provide some additional information concerning this test. Reliability estimates for the three factor scales were computed by Kuder-Richardson formula 14 (5). The reliability was estimated to be .75 for the PD factor, .79 for the ND factor, and .39 for the ID factor. The low reliability for the ID factor is probably due to the fact that it is measured by only nine items. Point bi-serial correlations between the three factor scores and sex were computed in order to ascertain whether there were any sex differences measured by the scale. No significant sex differences were found.

Discussion

The correlation of each of the five predictors with the criterion indicates that little prediction can be made of classroom discipline problems from any of the predictors alone. Only the PD factor and the ID factor show significant ($p < .05$) criterion correlations. When the five predictors are combined, a multiple correlation of .50 results, indicating a moderate degree of validity for the total battery. If predictive validity can be inferred from this evidenced concurrent validity, the predictor battery might prove useful to the teacher or guidance worker in identifying potential discipline problems.

The positive weight obtained by intelligence and the negative weight obtained by achievement as predictors indicate that, independent of the three personality factors, a student whose achievement level is below his intelligence level would be expected to be discipline problem. This relationship between underachievement and classroom discipline problems indicates that the same factors may be partially underlying both.

The items making up the PD factor of the scale indicate that a person scoring high on this factor sees himself as being tough, amoral, and rebellious, with distrust of authority. Thus, it is not difficult to perceive why a student who scores high on this factor would be seen as a discipline problem by the teacher, and this is evidenced by the positive weight given to the PD factor in predicting the criterion. The ID factor, which also received a significant positive weight, indicates that the student who feels incompetent and dissatisfied also tends to be perceived as a discipline problem by the teacher. The ND factor which is characterized by feelings of remorse, tension, guilt, depression, and discouragement does not receive a significant weight in the prediction of the criterion. Although a student with these characteristics may misbehave,

(Continued on page 220)

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(Continued from page 218)

he may be more careful to disguise his misbehavior so that the teacher will overlook it. Another possibility is that these characteristics lead to withdrawal behavior, a pattern of response which is much more compatible with the interests of law and order in the classroom than the more overt activities of the psychopath.

In general, the finding of significant weights for the PD and ID factors indicates support for the hypothesis that the same personality factors found in juvenile delinquents may be present in the classroom discipline problem. Considering classroom misbehavior as a form of mild delinquent behavior, it would follow that the factors measured by the PNI Attitude Schedule, with further developments to improve reliability and validity, should be valuable in identifying potential juvenile delinquents. The scale may also aid research designed to examine methods of treatment and prevention of juvenile delinquency.

Summary

A study was done to investigate efficiency of five variables in predicting a criterion of classroom discipline problems. Intelligence and achievement scores were included as predictors with three factors from a personality test of juvenile delinquency. The multiple correlation between the five predictors and the criterion indicated that a moderate degree of prediction was possible. All predictors added significantly to the prediction except the personality factor of "Neurotic Delinquency." Since two of the personality factors characteristic of delinquents were also related to classroom discipline problems, it was concluded that the discipline problem child may have characteristics in common with the delinquent. Thus, the predictors used in the present study may be useful for identifying potential juvenile delinquents.

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LESSON AREAS FOR the trainable child

MARGARET HUDSON

CURRICULUM development must be based on an understanding of the type of child we are to teach and of the kind of life he will lead. Because in the past there has been relatively little study of trainable children and their learning potentials, we have had to develop programs for them based on our experience with normal children of the same mental age.

A review of some of the curriculum guides for these classes shows that they are all in general agreement as to the type of lessons that should be included in any program. Such programs usually include experiences in the areas of self-help, speech training, motor and sensory development, music, crafts, and social techniques such as sharing, taking turns, and getting along with others. The specific activities are usually on the level of a very young child, probably because these children's mental ages range from about two to six.

Results of Recent Study

As a part of a recent study done at George Peabody College for Teachers, in cooperation with the U. S. Office of Education, an analysis was made of the types of lessons then being used in classes with trainable children. Ninety-one* types of lessons were identified and categorized under 15 major areas. A comparison of these results with available curriculum guides shows that, although the type of categorization or organization might vary, all of these lessons were mentioned or implied along with a few others not observed in this study.

It seems, therefore, that teachers are attempting to offer children the types of activities suggested in the various guides. In the Peabody study, observations were recorded in 29 Tennessee classes for 100 minutes in the fall and for another 100 minutes in the spring. While the combination of 5800 hours of observation was enough to give a reliable estimate of what was going on in these classrooms, it is obvious that spending two mornings a year in any one room will not give a comprehensive view of what any one teacher is doing. Therefore, we can only speak in general terms of what was actually happening in these classrooms in this one part of the country.

Although 91 different types of lessons were observed there was a wide varation in how often a topic was presented. Since the frequency of use of lessons might have some implications for curriculum building, one part of the analysis in the Peabody study was concerned with this aspect.

FREQUENCY OF USE

Twelve types of lessons which were each used 75 or more times accounted for 52 percent of the total frequency. Thus the other 79 lessons made up less than half of the lesson topics observed. The 12 most used lesson topics, in order of rank were those on:

1. Work habits
2. Flag salute
3. Following directions
4. Number experiences
5. Singing
6. Visual and auditory discrimination
7. Concept building
8. Manipulative skills
9. Talking and "sharing" time
10. Social techniques
11. Color discrimination
12. Taking turns

The time of day observed may have had something to do with the number of lessons on flag salute, singing, and perhaps talking time and sharing, since some sort of opening ceremony was usually used. However, most of these lessons would seem to be

*Seven additional types, not directly observed, were included in the original analysis.

• MARGARET HUDSON is a teacher of the high school educable special training class, Santa Cruz, California. This article is based on research performed pursuant to Contract SAE 6462, between the U.S. Office of Education, Department of Health, Education, and Welfare, and George Peabody College for Teachers, Nashville, Tennessee.

getting at some of the earnings considered most needed for this type of child.

The frequency count was a simple enumeration of each time a topic was touched, no matter how briefly. It became apparent that the number of times a topic was used was not necessarily taking into account the amount of emphasis placed on each lesson. For example, one teacher might simply give a direction to one of several children, while another might play a game with them in which each child had several turns to try to follow progressively more difficult directions.

Emphasis

Therefore, in order to get some idea of how much emphasis was being put on each lesson area, a measure was devised in which one point was given for what might be called "incidental" teaching; where a topic was just mentioned, or a child was doing the lesson by himself with no apparent help or instruction from the teacher—but still obviously getting some practice. Three points were given if some sort of short instruction, explanation, discussion, or demonstration was present; and five points were given if the teacher seemed to be emphasizing it either as a separate lesson or all through a period as part of another lesson.

When amount of emphasis was computed for each individual type of lesson with the above formula, the 12 lessons receiving most emphasis, in rank order, were:

1. Numbers
2. Singing
3. Talking time
4. Following directions
5. Visual and auditory discrimination
6. Work habits
7. Manipulative skill
8. "Chapel"
9. Reading
10. Color discrimination
11. Unison speaking
12. Concept building

While nine of the 12 most used lessons were among these 12 receiving most emphasis, a rank order correlation of —.13 for the top 12 shows that the amount of emphasis varied. Also, while flag salute and social techniques were not among the 12 most emphasized, they had ranks of 15 and 17 respectively, out of 91, and thus were still receiving a relatively large amount of teaching time. However, taking turns, while 12th in rank in number of times used was 32nd in rank when amount of emphasis was computed; this type of learning seemed to be used in an incidental way, as the situation arose. Specific planning in advance might help provide more opportunities for teaching; perhaps more study is needed of how to teach this type of needed learning.

As noted earlier, the lessons in the Peabody study were organized into 15 major categories These 15 categories were compared for amount of emphasis. When both fall and spring observations were combined, the following rank and degree of emphasis were found:

1. Language development—1628
2. Motor development—829, almost one-half that of language development
3, and 4. Mental development and sensory training both at more than 700
5, 6, and 7. Music, health, and safety, and social studies, all over 600
8. Arithmetic—579
9, 10, 11. Self-help, occupational education. and socialization, over 400
12. Arts and crafts—342
13. Dramatization—260
14. Science concepts—192
15. Practical arts—155.

In any discussion of what to teach we cannot avoid the question of how valuable to the child are the types of experiences we are giving him. Language development, for instance, seems to be receiving a disproportionate amount of emphasis. Are we really sure however, that language development is a sufficiently profitable area of learning to warrant the amount of time spent on it, or is the stress on this area just reflecting the school's high level of dependence on verbalization and the fact that we have tended to base our programs on our experience with normal children of the same mental age?

In Motor Skills, which came second, manipulative skills ranked high both in frequency and amount of emphasis. At first glance this seems practical, but this activity included much use of puzzles and similar material. One might question whether this is the best way to prepare a child for

everyday living, or whether this type of activity, too, is getting a disproportionate amount of time.

Practical Arts, on the other hand, received relatively little emphasis and was least used. While it is possible that such lessons were done at other times than when the observations were made, it was apparent that most classes had little in the way of equipment or opportunity for most experiences with these skills. Yet, these types of learning would seem to be among the most useful for this type of child. Perhaps in our attempts to keep the program within the mental age range of these children we have been working on an infantile level, forgetting that physical development and experiential level are not proceeding as slowly as is mental development, and that the trainable child, as he becomes 10 to 15 years old should have more experiences in the practical arts.

This entire problem of a developmental approach to curriculum building needs more study. Just how closely related are the various developmental criteria? We know that mental development is retarded. How closely are such things as emotional, social, physical, motor, and language development related to mental development? When is the best time for teaching certain lessons? We are not sure. But we should know more than we do.

Age Variations

If there is a difference between mental and intellectual functioning, in that a person of 30 with a mental age of 12 years does not have the "mind" of a 12-year-old child (3), we probably need to have a different type of program for a youth of 15 with a mental age of six than we would have for a six-year-old. Perhaps, in leaning too much on our experience with normal children of the same mental age, we are doing a disservice to trainable children.

One thing, then, that seems to be indicated in curriculum building for trainable classes is a variation in types of lessons according to age of the children. In the Peabody study, there were not enough classes of all younger or all older children for a statistical analysis by age levels. However, when four of the classes were compared, two of primary children and two of older children, (i.e., all children, in their teens, ages ranging from 13 to 20) all with teachers ranked among the most skillful in this study, a pattern does appear.

In primary classes, more emphasis was placed on the following areas:

1. Arts and crafts in general, at a ratio of almost four to one, with coloring, drawing or painting, pasting and cutting used most.
2. Motor development as a major category, almost three to one. Emphasis here was on basic skills such as throwing a ball, manipulative skills, finger play, and free play.
3. Self-help in general, at about two to one, with washing, toileting, and dressing stressed most.
4. Dramatizations, with dramatic play such as playhouse, store, etc., and using gestures with songs were used most, at two to one.
5. Health and safety as a major category, at almost two to one, Nutrition period, rest, keeping self-and-things clean, safety, and posture were stressed most.
6. Music, less than two to one, but about 77 percent more, with the emphasis for younger children in rhythms, keeping time, using rhythm instruments, and listening, as well as singing.
7. What was called science concepts, about 71 percent more, in learning about pets, other animals, and aspects of nature and weather.
8. Thinking skills involved in mental development as a major category, at 78 percent more, in types of lessons such as memory training and following directions.
9. Specific lessons under the socialization category, such as taking turns, sharing, and getting along with others.
10. And a few specific other lessons, such as speech drills, roll call, and reading pictures, under language development; and work habits, which were part of the occupational education category.

In older classes, more emphasis was placed on the following areas:

1. All types of lessons relating to arithmetic, with a ration of 11 to 1.
2. Practical Arts as a major category, three to one, although the younger children did a bit more with helping to dry dishes after eating.
3. The major category of social studies, at seven to one, with most emphasis on lessons about home and community, holidays, and flag salute, what the teachers called "chapel," concepts about calendar names, and learning their own names and addresses.
4. Language development as a whole, at two to one, including specific lesson areas of writing (usually copying words), reading (such as recognizing names and words and using beginning workbooks), story telling, listening skills, and unison speaking. Both younger and older groups emphasized talking-time.
5. Occupational education as a major category, 73 percent more, especially in lessons such as planning the day's work, following printed directions (as in recipes) and using tools. Work habits were stressed almost as much as with the younger group and were most stressed in this major category.
6. Sensory training in general, 78 percent more, especially in visual and auditory discrimination with music and matching words and numbers, and other "senses" such as spatial relationships, touch, and feel. Stress on color discrimination was about equal for both older and younger.
7. Some specific lessons in areas where either the younger classes had more in the total category or there was little difference between the two groups. These included making craft objects; learning about foods and needing a drink; singing; doing exercises; learning the social techniques; and helping others; grooming and brushing teeth; and problem solving.

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Conclusions

It should be noted how much of the approach with younger children was done in a "play" way, as in dramatic play and rhythms, while with older children the emphasis was more on matter-of-fact everyday activities. In a primary group, lessons must of necessity be related to *how to do* many of the activities done at school: Therefore, we find lessons on speech drill, motor training, basic health, self-help, and socialization habits. Older children with these school and other experiences behind them are ready for more applied learnings that can be used at home and in the community.

One logical conclusion from all of this must be that the types of lessons taught should vary according to the age levels of the group. More study is needed to show us a developmental progression in types of lessons,* as well as what to do in classes where all ages are present in one class. The differences appearing in the Peabody material suggest that the major lesson areas can be adapted to wide age ranges in any class.

In curriculum development there are the problems of both feasibility and practicability. Feasibility would be related to the type of equipment and materials available in a classroom, the availability of community experiences and trips, the training of the teacher, and perhaps to the age and degree of handicap of the children. Some lessons just may not be feasible in some classrooms. Practicability may be more closely related to the question of whether a lesson had any use for a child, whether it helps him solve his problems of growing and living in a social world at school or at home, and being as much help to society as possible. In the best curriculum, we must try to see that the practical lessons become more feasible in any classroom.

In the last analysis we can only tell what a lesson is doing for a child if we measure his "before" and "after" behavior. Research that attempts to measure growth in certain school areas can have little definitive meaning unless care is taken to determine just what lesson areas are being offered and how much emphasis is being placed on them. Otherwise we will find ourselves saying that a child is not profiting from his school experience because he has not become any more skillful in coloring pictures, although maybe he is now learning to sweep a floor or set a table. Perhaps when a study shows no increase in learning in a second year, we need to check to see whether the study was measuring any of the new learnings during this second year. As a corollary to this, we need to be sure that our school programs do include new lessons to fit increased experience and physical growth. Whenever we find ourselves teaching only the same things one year that we did the previous year, with no new learnings, something is probably wrong with our program.

The Peabody study is available as a research monograph published by CEC.* This monograph contains a rather detailed list of the kinds of lessons that were given by these teachers in each lesson area, as well as a description of teaching techniques. Several curriculum guides have additional specific lesson suggestions. Such materials can be used to give ideas for developing a curriculum with a well balanced program that takes into account chronological age and experience as well as mental age. However, until more study is

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done so that we have specific evidence as to the practical value for the children in learning any of these lessons, from word recognition to manipulative skills, all we can do is continue with a trial and error approach, profiting from the experiences of teachers all over the country, and continually re-assessing our programs in terms of increasing knowledge about these children and the place they can fill in our society. Even the developmental approach must be used with caution until we know more about the growth and development of these children and the best time for introducing certain types of learnings. We are beginning to have rather specific ideas of what to teach these children. But the program will still be limited by that word "feasibility," and only the teacher on the spot can know what is feasible for one particular class.

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*Procedures for Teaching Trainable Children, by Margaret Hudson, is the second in a series of research monographs published by The Council for Exceptional Children. In this monograph, 43 specific teaching techniques in eight major categories are described in terms of frequency of use, common patterns, and consistency of use as they relate to such factors as class size, class homogeneity, and successful teaching. In addition, 98 types of lessons, grouped in 15 major areas, are identified and analyzed in a similar manner. A recommended "teacher competency check list" and a detailed "outline of lesson areas" are also included in this monograph, available from CEC. Single copy is $2, or at reduced rates by subscription.

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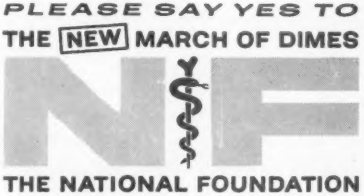

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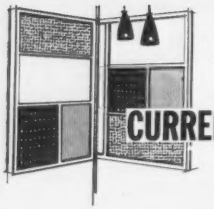

CURRENT PUBLICATIONS

Perry, Natalie. Teaching the mentally retarded child. New York: Columbia University Press, 1960. 282 pages. $6.

Miss Perry relates some cardinal principles of child development and parent education to the perplexing task of instructing severely mentally retared children. In philosophy as well as in format, her book resembles a guide for workers in a modern nursery school or kindergarten. It is offered as a source of practicable suggestions which "should be considered tentative until better ways of helping severely retarded children are developed."

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HENDERSON, SARA C., and GREENBERG, BERNARD L. **A short guide to English writing.** Gallaudet College; Washington, D.C., 1960. 216 pages. $3.

A Short Guide To English Writing offers something new and constructive in the attempt to cope with the language problems of the deaf. Professors Henderson and Greenberg of the Department of English at Gallaudet College draw from actual experience in correcting theme and composition papers written by the deaf college student during the past six years, and, substantiated by their colleagues, they take the view that "many of the errors attributed to hearing students are not regularly made by the deaf, though the latter bring to their writings a disturbing number of different and unusual ones."

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tive constructions; mistakes in word order; words most commonly misspelled—as well as those which distort the meaning, such as "plague" for "plaque," "immoral" for "immortal"—are also treated with clarity and insight relative to the special problems of the deaf. Toward this end, moreover, a "Glossary of Faulty Usage" rounds out the last chapter. This glossary is ideally arranged in alphabetical order and contains over 500 illustrations, extracted from student papers, of words and phrases commonly misused, followed immediately by the correct form of expression. The index, itself, is all-inclusive inasmuch as it not only contains the sum and substance of the grammar but also has room for the key word, phrase, and idiom used in the illustrations.

Issued in paperback form, the first edition of the book is being used for experimental purposes at present. A revised edition, based on attendant experiences during the current scholastic year, will be prepared by the same authors in the summer of 1961.—*Robert F. Panara, Gallaudet College*

JOHNSON, G. ORVILLE, and BLAKE, KATHERINE A. **Learning performance of retarded and normal children.** Syracuse University Special Education and Rehabilitaton Monograph Series #5, Syracuse, N. Y.: Syracuse Universty Press, 1960. 216 pages.

These two educators have pioneered in searching for basic information on the learning processes of *educable mentally retarded children.* There have been all too few examples of persons in the teaching profession concerning themselves with research in this field. Instead, the field has looked to experimental psychologist to explore an area which should be a central focus of school people.

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Edited by Wilmarth H. Starr, Donald D. Walsh, Modern Language Association of America, Foreign Language Program; and Mary P. Thompson, Glastonbury Public Schools. Glastonbury, Conn. This publication reports the recommendations of a conference of experts in modern foreign language teaching covering both elementary and secondary education.
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ADMINISTRATION—PROCEDURES AND SCHOOL PRACTICES FOR THE ACADEMICALLY TALENTED STUDENT
This publication, developed in cooperation with the National Association of Secondary-School Principals, deals with the problems of the curriculum director, principal, and supervisor viz: Identification, the necessary expanded guidance program, administrative patterns for acceleration, suggested curriculum adaptations, evaluation criteria, and an extensive bibliography including state and local publications.
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ing skills. *The overall finding was that IQ was not a significant variable affecting these tasks when MA was controlled.* (However, there were a few notable exceptions to this general result.) As the researchers point out: The generalizations eminating from the investigation are not applicable to academic learning in the classroom since laboratory tasks involving nonsense syllables, cards sorting and so on were used, rather than the three R's *per se*. Nevertheless, this reviewer would point out that arguments for special classes or other forms of homogeneous groupings for the educable mentally retarded on the grounds they learn differently cannot be supported by this monograph—even though they may not be refuted.

As was anticipated by the researchers, since limited higher mental processes were involved, the older intellectually retarded subjects performed more adequately than did the young intellectually normal subjects on simple sensorymotor learning tasks involving puzzle assembly and card sorting. The authors had expected the normal subjects to be more adequate than the retarded subjects on rote learning tasks involving serial and paired associates nonsense syllables, but the results were equivocal indicating a need for additional research; however, generally on the rote learning situations, the intellectually retarded and normal subjects did not differ in rate of direct learning.

There has been considerable conjecture in the field that the retarded learn at approximately the same rate as normal children but forget much more quickly. The Johnson-Blake data do not support this. In terms of retention, it was their conclusion that, given comparable levels of initial mastery, intellectually and normally retarded subjects of similar mental ages do not differ in terms of retention as it is reflected by recognition, recall, and saving scores on relearning.

It is also frequently conjectured that the retarded have difficulty with transfer of learning. On the paired associates nonsense syllables task and the reasoning task, the two groups did not differ in the extent to which they transferred. One may argue that the tasks involved were not sufficient difficult to create a differential between the two groups, that the tasks were not suitable for demonstrating the phenomenon, or that some other research procedure should have been used. These arguments are not justified, as far as this reviewer is concerned. It remains for other researchers to refute these general findings. The field has indeed been helped by this series of studies which throw considerable doubt on some commonly held beliefs concerning the learning processes of the educable mentally retarded.—*Lloyd M. Dunn*

MATERIALS RECEIVED

Editor's Note: The following published materials have been received recently at Council headquarters. There has been no opportunity to evaluate and review them, but they are presented here with prices and addresses (where possible) for your information.

Federico, Lois A. Eye care procedures in the home with special attention to the role of public health nurse. Reprinted from *The Sight-Saving Review*, Vol. 30, No. 1., Publication 135 of the National Society for the Prevention of Blindness, Inc. (1790 Broadway, New York 19, New York. $.05)

Keesee, Elizabeth. *Modern foreign languages in the elementary school: Teaching techniques.* Washington, D. C.: U. S. Department of Health, Education, and Welfare, Office of Education, Bulletin 1960, No. 29 (Available from Superintendent of Documents, U. S. Government Printing Office, Washington 25, D. C., $.45)

Kennedy, Eloise. Teaching the deaf child to read. Reprinted from *American Annals of the Deaf*, Vol. 104, No. 5, Nov. 1959. ($.25)

Miller, June, Rousey, Clyde L., and Goetzinger, C. P. An exploratory investigation of a method of improving speechreading. Reprinted from *American Annals of the Deaf*, Vol. 103, No. 3, May 1958. ($.25)

The mongoloid baby. Washington, D. C.: U. S. Department of Health, Education, and Welfare, Social Security Administration, Children's Bureau Folder No. 50-1960. (Available from Superintendent of Documents, U. S. Government Printing Office, Washington 25, D. C., $.10)

Morin, Arline. Waukegan finds advantages in the itinerant teacher plan. Reprinted from *The Sight-Saving Review*, Vol. 30, No. 1. Publication 256 of the National Society for the Prevention of Blindness, Inc., 1790 Broadway, New York 19, New York. ($.05)

Mott, Basil J. F. *Financing and operating rehabilitation centers and facilities.* Chicago: National Society for Crippled Children and Adults, Inc., 1960. 154 p. (This report is third and last in a series. Copies of the three guides are available free to those immediately concerned in the specific aspects of rehabilitation center development. Requests should be addressed to: National Society for Crippled Children and Adults, 2023 West Ogden Avenue, Chicago 12, Ill.)

Myklebust, Helmer R. *Auditory disorders in children:* A manual for differential diagnosis. New York: Grune and Stratton, 1954 (third printing, 1960). 367 p. ($7.75)